Kearney Centaur Division
4.F. Kearney, Inc.
1100 Abernathy Road, State 900
Atlanta, Georgia 30328-5603
404 393 9000
Lac onde 464 396 3091

Management Consultants

TKERVEY

August 26, 1994

Ms. Rowena Sheffield Regional Project Officer Environmental Protection Agency Region IV 345 Courtland Avenue, NE Atlanta, Georgia 30365

Reference:

EPA Contract No. 68-W9-0040; Work Assignment No. R04001; Olin Doe

Run Facility; Brandenburg, Kentucky; EPA I.D. No. KYD006396246;

RCRA Facility Assessment; NCAPS and CASQ

Dear Ms. Sheffield:

Enclosed please find the updated National Corrective Action Priority Ranking System (NCAPS) Scoring Summary and the updated Corrective Action Stabilization Questionnaire (CASQ) for the above-referenced facility. These deliverables were completed in accordance with the statement of work for the RCRA Facility Assessment for the Olin Doe Run facility submitted on August 26, 1994.

Per EPA's request, this deliverable has been double-sided and reproduced on recycled paper. Please feel free to contact me or Bill Harber, the A.T. Kearney Work Assignment Manager, at (404) 393-9900, should you have any questions.

Sincerely,

Molly O'Neill

Regional Manager

MON/cbc Enclosure

cc:

Rick Gillam, EPA Region IV

W. Jordan (Central Files)

S. Forehand (Working Files)

L. Poe

W. Harber

C. Cosby

# CORRECTIVE ACTION STABILIZATION QUESTIONNAIRE

Completed by:  Bill Harber, A.T. Kearney  Date:  August 26, 1994  Facility Name:  Olin Doe Run Facility  EPA Identification No.:  KYD006396246  Location (City, State):  Brandenburg, Kentucky  Facility Priority Rank:  HIGH	
1. Is this checklist being completed for one solid waste management unit (SWMU), several SWMUs, or the entire facility?  ENTIRE FACILITY.  Status of Corrective Action Activities at the Facility  2. What is the current status of HSWA corrective action activities at the facility?  () No corrective action activities initiated  (X) RCRA Facility Assessment (RFA) or equivalent completed  () RCRA Facility Investigation (RFI) completed  () Corrective Measures Study (CMS) completed  () Corrective Measures  Implementation (CMI) begun or completed  (X) Interim Measures begun or completed	<ul> <li>4. Have interim measures, if required or completed [see Question 2], been successful in preventing the further spread of contamination at the facility?</li> <li>( ) Yes</li> <li>( ) No</li> <li>( ) No</li> <li>( ) Uncertain; still underway</li> <li>A GROUND-WATER REMEDIATION STATUS REPORT WAS SUBMITTED BY OLIN TO U.S. EPA IN JULY 1994.</li> <li>CONTINUE TO QUESTION 5 ONLY IF THE FOLLOWING CONDITIONS ARE MET:</li> <li>The facility ranks "High" on the National Corrective Action Prioritization System; AND</li> <li>Interim Measures have not been initiated, or if initiated, have not been successful in preventing the further spread of contamination at the facility.</li> <li>Facility Releases and Exposure Concerns</li> </ul>
3. If corrective action activities have been initiated, are they being carried out under a permit or an enforcement order?  ( ) Operating permit ( ) Post-closure permit ( ) Enforcement order ( X ) Other  VOLUNTARY GROUND-WATER REMEDIATION PROGRAM.	<ul> <li>To what media have contaminant releases from the facility occurred or been suspected of occurring?</li> <li>(X) Ground water</li> <li>(X) Surface water</li> <li>(X) Air</li> <li>(X) Soils</li> </ul>

6.	Are contaminant releases migrating off-	Anticipated Final Corrective Measures
	site?  ( ) Yes; indicate media, concentrations, and level of certainty.  OUND-WATER REMEDIATION US REPORT WAS SUBMITTED BY	9. If already identify or planned, would final corrective measures be able to be implemented in time to adequately address any existing or short-term threat to human health and the environment?
OLIN	TO U.S. EPA IN JULY 1994.  ( ) No (X) Uncertain	( ) Yes ( ) No (X) Uncertain  Additional explanatory notes:
7a.	Are humans currently being exposed to contaminants released from the facility?  ( ) Yes ( ) No (X) Uncertain	NO FINAL CORRECTIVE MEASURES IDENTIFIED AT THIS TIME.  10. Could a stabilization initiative at this facility reduce the present or near-term
GROU	FACILITY MAINTAINS THAT UND-WATER CONTAMINATION HAS CONTAINED.	(e.g., less than two years) risks to human health and the environment?  ( ) Yes ( ) No
7b.	Is there a potential for human exposure to the contaminants released from the facility over the next five to 10 years?	(X) Uncertain  Additional explanatory notes:
	( ) Yes ( ) No	
	(X) Uncertain	
8a.	Are environmental receptors currently being exposed to contaminants released from the facility?  ( ) Yes ( ) No (X) Uncertain	11. If a stabilization activity were not begun, would the threat to human health and the environment significantly increase before final corrective measures could be implemented?  ( ) Yes (X) No
8b.	Is there a potential that environmental receptors could be exposed to the contaminants released from the facility over the next five to 10 years?	( ) Uncertain  Additional explanatory notes:
	( ) Yes	
	( ) No (X) Uncertain	
	(15) Oncerum	

Technical Ability to Implement Stabilization Activities	15. Has the RFI, or another environmental investigation, provided the site characterization and waste release data			
12. In what phase does the contaminant exist under ambient site conditions?	needed to design and implement a stabilization activity?			
<ul><li>( ) Solid</li><li>( ) Light non-aqueous phase liquids (LNAPLs)</li></ul>	( ) Yes (X) No			
<ul> <li>(X) Dense non-aqueous phase liquids</li> <li>(DNAPLs)</li> <li>(X) Dissolved in ground water or</li> </ul>	If no, can these data be obtained faster than the data needed to implement the final corrective measures?			
surface water ( ) Gaseous ( ) Other	(X) Yes ( ) No			
13. Are one or more of the following major chemical groupings of concern at the	Timing and Other Procedural Issues Associated with Stabilization			
( ) Volatile organic compounds ( ) (VOCs) and/or semi-volatiles ( ) Polynuclear aromatics (PAHs) ( ) Pesticides ( ) Polychlorinated biphenyls (PCBs) and/or dioxins (X) Other organics ( ) Inorganics and metals ( ) Explosives ( ) Other  14. Are appropriate stabilization technologies available to prevent the further spread of contamination, based on contaminant characteristics and the facility's environmental setting? [See Attachment A for a listing of potential stabilization technologies.]  (X) Yes; indicate possible course of	16. Can stabilization activities be implemented more quickly than the final corrective measures?  ( ) Yes ( ) No (X) Uncertain  Additional explanatory notes:  FINAL CORRECTIVE MEASURES HAVE NOT BEEN DETERMINED. RESULTS OF CONFIRMATORY SAMPLING AND RFI MAY IDENTIFY AREAS OF CONTAMINATION AND DETERMINE APPROPRIATE STABILIZATION ACTIVITIES.  17. Can stabilization activities be incorporated into the final corrective measures at some point in the future?			
action.	( ) Yes			
SOURCE REMOVAL: REMOVAL OF KNOWN CONTAMINATED SOILS AND SOILS FOUND TO BE CONTAMINATED THROUGH CONFIRMATORY SAMPLING.	( ) No (X) Uncertain  Additional explanatory notes:			
( ) No; indicate why stabilization technologies are not appropriate; then go to Question 19.				

# Conclusion

- 18. Is this facility an appropriate candidate for stabilization activities?
  - (X) Yes
  - ( ) No, not feasible
  - ( ) No, not required

Explain final decision, using additional sheets if necessary.

THE OLIN DOE RUN FACILITY'S
HAZARDOUS WASTE PERMIT EXPIRES
ON FEBRUARY 15, 1996. THERE IS
DOCUMENTED SOIL CONTAMINATION
ON-SITE. ADDITIONAL CONFIRMATORY
SAMPLING MAY INDICATE OTHER
CONTAMINATED AREAS. REMOVAL OF
KNOWN CONTAMINATED SOILS MAY
STOP OR DECREASE FURTHER
CONTAMINATION OF GROUND WATER.

	Ti de la companya de		

# **ENFORCEMENT**

# CONFIDENTIAL

### RCRA PRIORITIZATION SYSTEM SCORING SUMMARY

### **FOR**

# OLIN DOE RUN FACILITY

EPA I.D. NUMBER: KYD006396246

SCORED BY: BILL HARBER

OF A.T. KEARNEY

ON AUGUST 26, 1994

GROUND-WATER ROUTE SCORE: 88.46

SURFACE WATER ROUTE SCORE: 65.16

AIR ROUTE SCORE: 40.78

ON-SITE SCORE: 17.86

MIGRATION SCORE: 59.27

# WS-1 GROUND-WATER ROUTE

A.	Is the	ere an observed release? $\underbrace{\frac{\text{Yes}}{(45)}}$	<u>No</u> (0)	Possible A.T. KEARNEY (10) RFA AUGUST 26, 1994 SECTIONS II, III
В.	Route 1b.	e Characteristics Depth to Aquifer (ft.) 0-20 (6)	<u>21-75</u> (4)	76-150 150+ (2) (0) RFA SECTION II
	2b.	Net Precipitation (in.) $\frac{<-10}{(0)}$	$\frac{-10 \text{ to } +5}{(2)}$	+5 to +15 > 15 PCFA NCAPS (4) (6) GUIDELINES
	3b.	Physical State Stable Solid (0)	Unstable Solid (1)	Powder, Liquid, Gas  Ash (2) Sludge
C.	Cont	ainment <u>Very Good</u> (0)	<u>Good</u> (1)	Fair (2) Poor (3)
D.	Wast	ce Characteristics Chemical name or waste code number	DCEE, DCIPE	NCAPS BIS 2-CHLOROETHYL GUIDEUNES  NC OF Number) ETHER
	2d.	Toxicity/Persistence Value 0 (0)	$\frac{3}{(3)}$ $\frac{6}{(6)}$	$\frac{9}{(9)}$ $\frac{12}{(12)}$ $\frac{15}{(15)}$ $\frac{18}{(18)}$
	3d.	Quantity known? Yes No Cu. yds. o Drums	r tons (*)	NCAPS HAZARIOUS WASTE QUANTITY GUIDELINES (+4 = cu. yds.)
E	Torra	Total  No? Is amount likely to be small?  Is amount likely to be large?  Are large storage or disposal a		Yes (1) No Yes (4) No Yes (8) No ZFA SECTIONS (Only one yes allowed) I I
E.	Targ le.	Groundwater use: Drinking water?		,
	10.	Possible drinking water? Agriculture or industrial? Quality impacted? Quality not impacted?		Yes (5) No Yes (4) No Yes (3) No Yes (2) No Yes (0)* No SECTION II
	2e.	Distance to intake (miles) $\frac{<1/2}{(4)}$	1/2 to 1 (3)	$\frac{1 \text{ to } 2}{(2)}$ $\frac{2 \text{ to } 3}{(1)}$ $\frac{>3}{(0)}$
NOT	E: *	Cannot be used if $A = 45$	A SECTION I	

CALCULATE GROUND-WATER SCORE 
$$(S_{gw})$$
45 15 8 5<sup>2</sup> 4<sup>2</sup>

If A = 45, then  $S_{gw}$  equals:  $A \times (2d + 3d) \times (1e^2 + 2e^2) = S_{gw}$  (a) = 88.46

 $\chi$ If A = 0 or 10, then  $S_{gw}$  equals:

$$[(1b + 2b + 3b) \times C] + A = Q$$
 if  $Q > 45$ , then  $Q = 45$   
 $[Q \times (2d + 3d) \times (1e^2 + 2e^2)]/479.7 = S_{gw}$ 

 $\times$  To calculate 3d:

If Total Equals	Then 3d Equals
1 to 10 cu. yds.	1
11 to 62 cu. yds.	2
63 to 125 cu. yds.	3
126 to 250 cu. yds.	4
251 to 625 cu. yds.	5
626 to 1,250 cu. yds.	6
1,251 to 2,500 cu. yds.	7
2,500 or more cu. yds.	8

 $<sup>\</sup>times$  If 1e or 2e equals zero, then  $(1e^2 + 2e^2) = zero$ 

 $<sup>\</sup>checkmark$  If A = 45, then go to D and E

 $<sup>\</sup>times$  If A = 0 or 10, then go to B, C, D, and E

NOTE: (a) The value 479.7 standardizes the ground-water route score to a value between 0 and 100.

# WS-2 SURFACE WATER ROUTE

#### Releases A.

	la.	Is there an observed releas	e?	<u>Yes</u> (45)	(No (0)	PFA SECTION I	I.	
	2a.	Is there a permitted outfall	1?	<u>Yes</u> (5)	<u>No</u> (0)	PFA SECTIONS I	, Ш	
	3a.	Have there been permit vi	olations?	<u>Yes</u> (5)	<u>No</u> (0)	PFA PECTICAL II		
B.	Route	Characteristics		(-)	- Jun	380110N 11		
Δ.	rtoute		-Prone	100-Year				
	1b.	Facility Location Area (3)		Flood Pla	<u>uin</u>		ECTION II	
	2b.	24-hour Rainfall (in.)	<1.0 (0)	1.0 to 2.0 (1)	) (	2.1 to 3.0 (2)	$\frac{>3.0}{(3)}$	NCAPS SUIDEUNES
	3b.	Distance to surface water (miles)	/	<u>to 1</u> <u>1</u> 4) (	1 to 2 2)	$\frac{>2}{(0)}$ RFA SE	ZTION II	
	4b.	Physical State Stable Solid (0)		<u>As</u>	owder, sh(2) (	Liquid, Gas, Sludge	/ - · ·	иѕ Т, Ш
C.	Conta	inment <u>Very</u> (0)	Good	Good (1)	<u>Fair</u> (2)	Poor (3)	) NCAT	>S EUNES
D.	Waste	e Characteristics	T	XEE XI	PE BIS	Z-CHLOROETH	tyl Eth	F2
	1d.	Chemical name or waste of		* LNC-1	lame or Nu		7- ()	
	2d.	Toxicity/Persistence Value	$\frac{0}{(0)}$	$\frac{3}{(3)}$ $\frac{6}{(6)}$	$\frac{9}{(9)}$	$\frac{12}{(12)}$ $(15)$	$\frac{18}{(18)}$	HAZ WS
	3d.	Quantity known? Yes? Enter amount:	Yes No Cu. yds. or to Drums		4 = cu. yds	<u>:.)</u>		00.00

-(add above) Total

<u>No?</u> Is amount likely to be small? Is amount likely to be large? Are large storage or disposal areas present?

No REA Yes (4) No SECTIONS Yes (8) No 亚,亚 (Only one yes allowed)

Yes (1)

# WS-2 SURFACE WATER ROUTE - Continued

#### E. **Targets**

1e.	Surface Water use: Dri	nking water?	Yes	(5)	No	
	Possible drinking	water?	Yes	(4)	No	
	Recreation?		Yes	(4)	No RF	<b>+</b>
	Agriculture or in	dustrial?	Yes		No SE	CTION II
	Quality impacted		Yes	(2)	No	
	Quality not impa-		3 miles? Yes	(1)*	No	
	None within 3 m			(0)*	No	
				one yes all		
2e.	Distance to intake or contact point (miles)	<1/2 (4)	1/2 to 1 (3)	1 to 2 (2)	2 to 3 (1)	<u>&gt;3</u> (0)
		2	1,7			KA
3e.	Distance to sensitive					SECTION
	environment (miles)	<u>&lt;1/2</u>	1/2 to 1	1 to 2	>3	工
		(6)	(4)	(2)	(0)	

SECTION I

# CALCULATE SURFACE WATER SCORE (Ssw)

$$\times$$
 If 1a = 45, then S<sub>sw</sub> equals: [1a x (2d + 3d) x (1e<sup>2</sup> + 2e<sup>2</sup> + 3e)]/549.9 = S<sub>sw</sub><sup>(a)</sup>

$$\checkmark$$
 If  $1a = 0$ ), then  $S_{sw}$  equals:

$$\sqrt{[(1b + 2b + 3b + 4b) \times C] + (2a + 3a)} = Q$$
 if = Q > 45, then Q = 45  $Q = 41$ 

To calculate 3d:

#### 

251 to 625 cu. yds. 5 626 to 1,250 cu. yds. 6 1,251 to 2,500 cu. yds. 7

2,500 or more cu. yds. 8

 $\times$  If 1e or 2e equals zero, then  $(1e^2 + 2e^2) = zero$ 

 $\sqrt{If A} = 0$  or 10, then go to B, C, D, and E

 $<sup>^{\</sup>star}$  If A = 45, then go to D and E

NOTE: (a) The value of 549.9 standardizes the surface water route score to a value between 0 and 100.

# WS-3 AIR ROUTE

A.	Releas	ses				
	1a.	Is there an observed, unper	rmitted, ongoing rel	ease?	$\frac{\text{Yes}}{\text{(45)}}$	NO PFA (0) SECTION II
	2a.	Does the facility have an a	ir operating permit?		<u>Yes</u> (5)	NO RFA (0) SECTION IT
	3a.	Have there been any perm complaints by residents?	it violations or odor	(	<u>Yes</u> (10)	NO PEA (0) SECTION II
	4a.	Can contaminants migrate	into air?	(	<u>Yes</u> (3)	No PFA (0) SECTIONS II, III
	5a.	Containment	Very Good (0)	<u>Good</u> (1)	Fair (2)	Poor (3) NCAPS GUDE
B.	Waste 1b.	Characteristics Chemical name or waste c		Name or N		ETHYL ETHER
	2b.	Toxicity	$\frac{0}{(0)}$ $\frac{1}{(3)}$ $\frac{2}{(6)}$	(3) Ha	Z WASTE	QUANTITY GUIDE
	3b.	Quantity known? Yes? Enter amount:	Yes No Cu. yds. or tons (#) Drums (#)	(+4 = cu. yo	<u>is.)</u>	
			Total (add above)	-		
		No? Is amount likely to Is amount likely to Are large storage or			4)>	No PFA No SECTIONS NO I, III llowed)
C.	Targe	ts		•	. ·	
	1c.	Population				
		Are residents located within Are other industries located Are agricultural lands local Any other situation?	d within four miles?	s? Yes ( Yes (	20) 15)	No PFA No SECTION II No No No llowed)
	2c.	Distance to sensitive environments (miles)	$\frac{1/2}{(6)}$ $\frac{1/2 \text{ to}}{(4)}$			>2 PFA (0) SECTION II

# CALCULATE AIR SCORE (Sa)

X If 
$$1a = 45$$
, then  $A = 45$ 

If  $1a = 0$ , then  $A = (2a + 3a) + (4a \times 5a) = Z4$ 

X  $S_a$  equals:  $[A \times (2b + 3b) \times (1c + 2c)]/237.15 = S_a^{(a)} = 40.78$ 
 $24 \quad 9 \quad 4 \quad 25 \quad 6$ 

# ★ To calculate 3b:

If Total Equals	Then 3b Equals				
1 to 10 cu. yds.	1				
11 to 62 cu. yds.	2				
63 to 125 cu. yds.	3				
126 to 250 cu. yds.	4				
251 to 625 cu. yds.	5				
626 to 1,250 cu. yds.	6				
1,251 to 2,500 cu. yds.	7				
2,500 or more cu. yds.	8				

NOTE: (a) The value 237.15 standardizes the air route score to a value between 0 and 100.

# WS-4 ON-SITE CONTAMINATION

A. Access to site Inaccessible Limited Access Unlimited Access (0)(2)(4) GUITE B. Is there observed surface soil contamination? PFA SECTIONS II, III C. Containment Very Good Good (1) (2) DCEE, DCIPE, BIS 2-CHLOROETHYL ETHER D. Waste Characteristics AROMATIC DISTILLATE (BENZENE) Chemical name or waste code number (Name or Number) Toxicity/Persistence Value 0

(2)

E. Targets

1e. Distance to residential areas 
$$\frac{<1/4}{(6)}$$



$$\frac{1/2 \text{ to } 1}{(2)}$$
  $\frac{>1}{(0)}$  FFA SECTION II

2e. Is there an on-site sensitive environment?

1	Yes	
/	(1)	/

NO PFA
(0) SECTION :

HAZ WASTE QUANTITY GUIDE

CALCULATE ON-SITE SCORE (So)

 $2^5 \ 3 \ 4 \ 1$ V If A = 0, then S<sub>o</sub> = [B x D x (1e + 2e)]/21 = 17.86

X If A \neq 0, then S<sub>o</sub> = [A x (B + C) x D x (1e + 2e)]/21<sup>(a)</sup>

X If B + C > 25, then B + C = 25

NOTE: (a) The value 21 standardizes the on-site route score to a value between 0 and 100.

# CALCULATE TOTAL SITE MIGRATION SCORE (Sm)

Total site score equals:

$$S_{m} = \sqrt{S_{gw}^{2} + S_{sw}^{2} + S_{a}^{2} + S_{o}^{2}} = \sqrt{88.46^{2} + 65.16^{2} + 40.78^{2} + 17.86^{2}} = 59.27$$

NOTE: (a) The value 2 standardizes the site migration score to a value between 0 and 100.

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#### CHARLOTTE E. BALDWIN

SECRETARY



MARTHA LAYNE COLLINS

COMMONWEALTH OF KENTUCKY

# NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FORT BOONE PLAZA
18 REILLY ROAD
FRANKFORT, KENTUCKY 40601

ecerved 8-6-85 8-6-85

# MEMORANDUM

TO:

Barry Burrus, Chief

Uncontrolled Site Section

THRU:

Robert L. Prewitt, Environmental Program Coordinator

Uncontrolled Site Section

FROM:

Keith Burch, Environmental Specialist KR

Uncontrolled Site Section

DATE:

July 30, 1985

SUBJECT: Preliminary Assessment Report for Olin Chemical Site - Meade County

EPA I.D.# KYD006396246

This site is located in Meade County, east of Brandenburg, and is bordered by the Ohio River. Olin Corporation owns the Doe Run Plant which produces Glycols, Gycol Ethers, and Polyalkaline Glycols from natural gas liquids. The plant has operated since 1951 and is currently in operation. The disposal of by products and wastes varies in type according to the nature of materials in question. There are a number of landfills on site, as well as an incinerator and a wastewater treatment facility. These operations appear to be in good shape according to the field inspection reports.

The main area of concern with this site is groundwater contamination. Dichloroisopropyl ether (DCIPE) and Dichloroethyl ether (DCEE) have been contaminating Ranney wells on the Olin site for over ten years. The source of this contamination is not clearly pinpointed in the files but appears to be from past practices of the Doe Run Plant. During certain periods of water shortage, Olin uses these wells as a source for cooling water. This water is discharged into the wastewater treatment facility after use and the treated release then goes into Doe Run Creek and the Ohio River. The effluent is monitored for DCIPE and DCEE long term average levels, which according to Olin data, are below water quality standard.

The City of Brandenburg is within one mile of Olin's Doe Run Plant property, and their public water supply comes from two deep wells. In 1974, contamination was found in Brandenburg's public water supply that was similar to substances produced at the Olin plant. Apparently, the Bis ether contamination did not warrant emergency action, but in an earlier 1974 meeting with EPA, Olin agreed to reduce their discharge of Bis ethers.

		5.	
	¥ 11		

Olin Chemical Site Page 2 July 30, 1985

The site currently has a number of groundwater monitoring wells, and the Olin Corporation maintains their own data on well checks. Since groundwater monitoring for this property is ongoing, and RCRA groundwater monitoring will begin in the near future, I am recommending a low priority for inspection of this site dependent upon ongoing RCRA activities.

KB/tlj

c: Landon Garrett Liz Gillespie

File

# POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION
O1 STATE O2 SITE NUMBER KY D006396246
NY 10006346246

PART 1 - SITE INFORMA	ATION AND ASSESSMENT LKY 10006396246
II. SITE NAME AND LOCATION	
Olin Chemical	P.O. Box 547
BRANDENBURG	163 02
38°00'18'_   086°01'37'_	
for ~ 8.5 miles, turn right on onto Weldon Churkh Road; travell	Betne Walky Ch. Rd, thean a left or 2 miles to (933). Olin is right in this area.
III. RESPONSIBLE PARTIES  01 OWNER (# known)	02 STREET (Business, making, residential)
Olin Corporation	120 Long Ridge Road
Stamford	Cl 06904 1 )
07 OPERATOR (8 known and different from owner)	D8 STREET (Business, melting, residences)
Olin Corporation	P.O. Box 547
brandenburg	10 STATE 11 20 CODE 12 TELEPHONE NUMBER  KY 40108 (502) 422-2101 R.W. Hyland
13 TYPE OF OWNERSHIP (Checa one)	- 1 Section 1 Section 1
A. PRIVATE B. FEDERAL: (Agency name)	C. STATE DD. COUNTY DE. MUNICIPAL
☐ F. OTHER:(Seecity)	G. UNKNOWN
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that above)	TO MUST OFF
IV. CHARACTERIZATION OF POTENTIAL HAZARD	LLED WASTE SITE CERCLA 103 6) DATE RECEIVED: MONTH DAY YEAR
01 ON SITE INSPECTION BY (Check at that apply)	
DYES DATE 12 11 84 DA. EPA DB. ET	
CONTRACTOR NAME(S):	(Specify)
02 SITE STATUS (Checa one)  03 YEARS OF OPE  03 YEARS OF OPE	PATION   1951   to date   UNKNOWN
DICHOROISO Propyl the , dichloroe	
Bis Cochoning property of the factorior oc	ing ( -i · ·
Bis(2-chloroisopropy) & ether)	
os description of potential mazaro to environment anovar population of ontamination is recorded in city of despuell) in parcel 1974; on site Ranney warying degrees of contamination. To gives rights surface water contamination poen by priority assessment.	of Brandenburg's public water supply wells at Olin, \$151,2,43 hove showed mesite's close proximity to the Onio River tial have as well as DOC Run Creek a
THE THE PROPERTY OF THE PROPER	
01 PRIORITY FOR INSPECTION (Check one, Frigh or medium at checked, complete Ball 2: Waste but  A. HIGH  (Prapection required promotify)  (Inspection required in the complete on the complete Ball (Inspection required)	formation and Part 3 - Description of Hazardoue Conditions and Incidental  D. NONE  (Mo further action needed, complete current disposition form)
VI. INFORMATION AVAILABLE FROM	
Landon Garrett KYNREPO	C/Div. fubste Mgt. (dumbia F.O. 502) 384-4735
CA PERSON RESPONSIBLE FOR ASSESSMENT OS AGENCY  KEIN BUTCH  KYNREPC	Dis Wate Mat 1502 44-1716 7 83 85
EPA FORM 2070-12 [7-81]	MONTH DAY YEAR

**≎EPA** 

#### POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 2 - WASTE INFORMATION

0.00	I. IDENT	TEICATION
	OI STATE	DO 06396246

				EINFORMATION	NV		
	TATES, QUANTITIES, A						
OI PHYSICAL ST	LI G GAS	TONS	of waste quentities andependent)	O3 WASTE CHARACT	CTIVE G FLAN	BLE DI. HIGHLI CTIOUS DI EXPLO IMABLE DI K. REAC ABLE DI INCOI	TIVE
III. WASTE T	VDE	1					
CATEGORY	SUBSTANCE	NAME .	Ta		1		
SLU	SLUDGE	name .	01 GROSS AMOUNT	02 UNIT OF MEASURE	-		
OLW	OILY WASTE		1	<del>                                     </del>	1000	subonua	
SOL	SOLVENTS			<del> </del>	detected	inground	
PSD	PESTICIDES		-		50 rather		ult wage
OCC			7	-	quantity	, , , , , , , , , , , , , , , , , , , ,	easuremo
	OTHER ORGANIC C		<u> </u>		would b	e more of	opticale
IOC	INORGANIC CHEMK	CALS	ļ		inthis	case (	rmq/1)
ACD	ACIDS		<del> </del>	<u> </u>			<u> </u>
BAS	BASES						
MES	HEAVY METALS		1	L	l		
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# POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

L IDENTIFICATION

101 STATE 02 SITE NUMBER

KY DOUG396346

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# POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

L IDEN	TIFICATION
O'L STATE	8006396246

PART 3 - DESCRIPTION OF HA	ZARDOUS CONDITIONS AND INCIDENTS		
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01 D N. DAMAGE TO OFFSITE PROPERTY 04 NARRATIVE DESCRIPTION	02 G OBSERVED (DATE:)	C) POTENTIAL	□ ALLEGED
01   O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  O4 NARRATIVE DESCRIPTION	02 OBSERVED (DATE:)	☐ POTENTIAL	□ ALLEGED
01 P. ILLEGAL/UNAUTHORIZED DUMPING 04 NARRATIVE DESCRIPTION	02 C OBSERVED (DATE:)	☐ POTENTIAL	C ALLEGED
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V. SOURCES OF INFORMATION (Can attache references e.g., state flee, a	ampre analysis, reports/		
Landon Garrett - Field Inspect KYNREPC Files - (Division of We KYNREPC Files - (Division of W	or DWM iter) ust Manageneut)		

THOMAS O. HARRIS Commissioner



HAROLD T. SNODGRASS Director

# COMMONWEALTH OF KENTUCKY DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION

DIVISION OF WATER
FRANKFORT, KENTUCKY 40601
Telephone (502) 564-3410

# MEMORANDUM

April 4, 1974

TO:

Herman D. Regan, Jr.

Commissioner

Bureau of Environmental Quality

FROM:

Harold T. Snodgrass /

Director

Division of Water

SUBJECT:

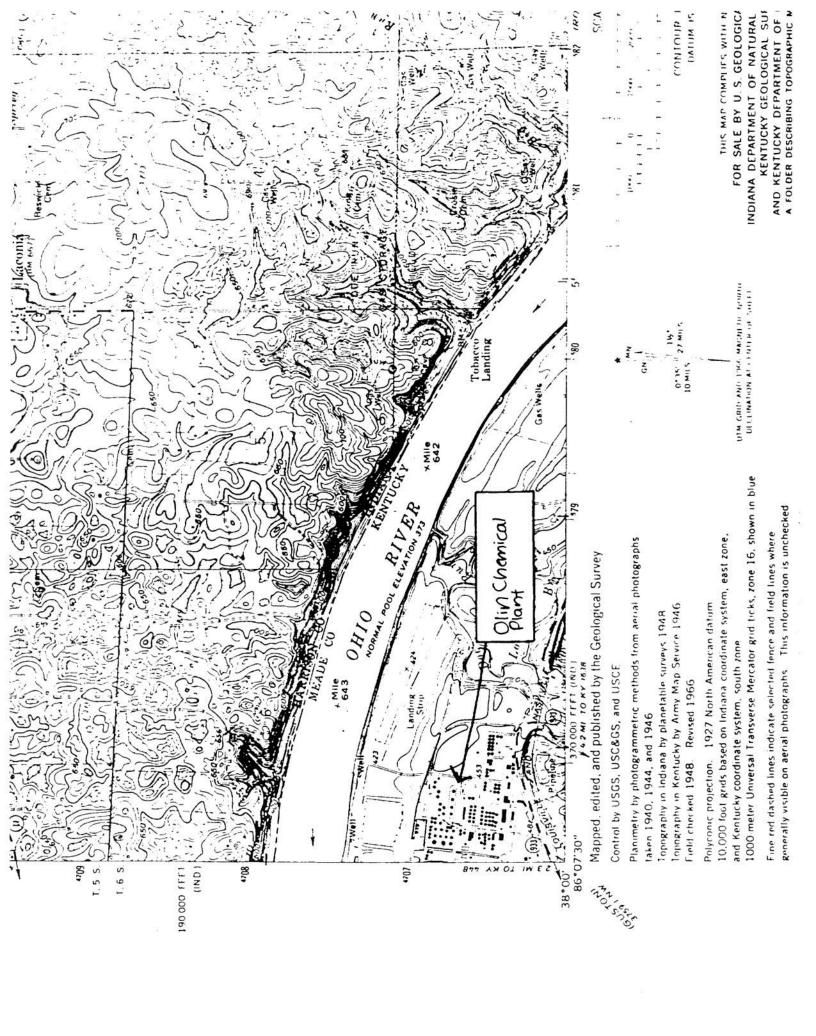
Olin, Inc.

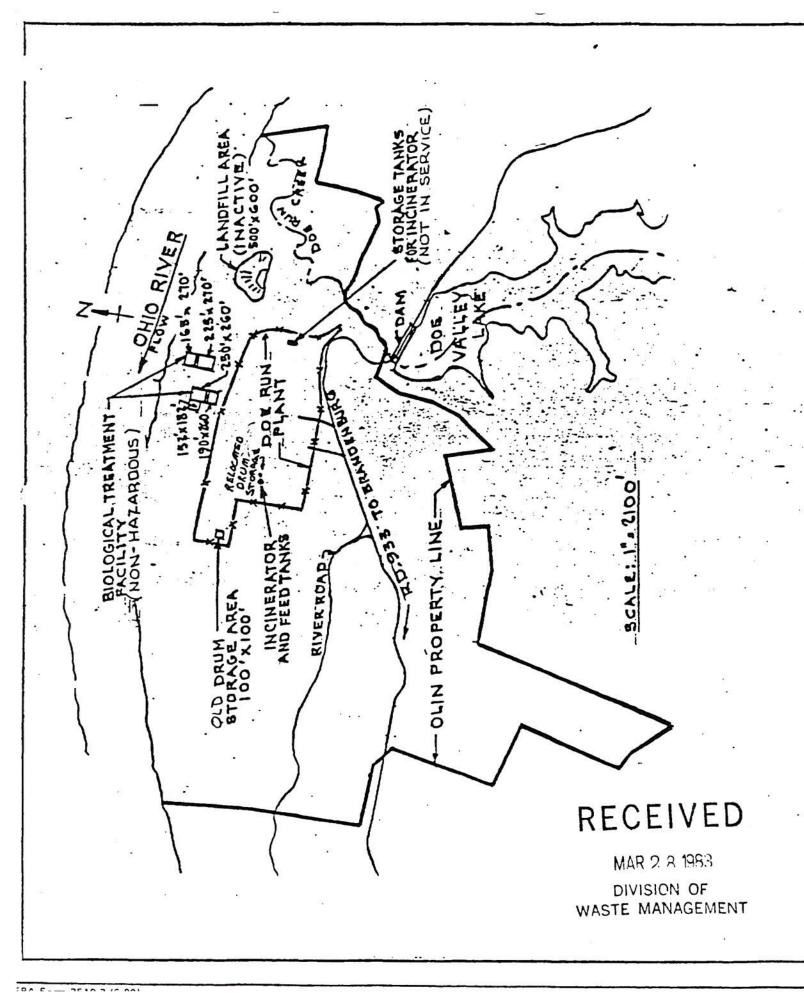
In a conversation with Mr. Nick G. Johnson, Director, Sanitary Engineering, Department for Human Resources, I was informed that the wells serving as the public water supplies for the City of Brandenburg have shown concentrations of contaminate similar to the material from Olin Corporation.

The wells were to be resampled on April 4, 1974; but due to the tornado, it has been postponed for a short period of time.

If the material from Olin has contaminated the underground waters, we should seriously consider issuing an emergency order to prevent all further discharges from Olin.

HTS:sf





# NATURAL RESO LES AND ENVIRONMENTAL PRO TION CABINET DIVISION OF WASTE MANAGEMENT

# HAZARDOUS WASTE REPORT

FOR THE PERIOD BEGINNING 1-1-83 AND ENDING 12-31-83
GENERAL INFORMATION EPA ID NUMBER KYD006396246
INSTALLATION NAME: Olin Corporation
INSTALLATION MAILING ADDRESS: P. O. Box 547
Brandenburg, Kentucky 40108
INSTALLATION LOCATION: Highway 933
COUNTY: lieade
CONTACT PERSON: W. E. Murphy TELEPHONE: (502) 422-2101
TYPE OF ACTIVITY: GENERATION GRECYCLING TREATMENT STORAGE DISPOSAL
UNDERGROUND INJECTION
TYPE OF REPORT: ANNUAL QUARTERLY UNMANIFESTED WASTE
NUMBER OF: SUMMARY SEEETS ATTACHED 1 WASTES REPORTED 6
TRANSPORTATION SERVICES USED
EPA ID NUMBER COMPANY NAME COMP
RECEIVED
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MAY 0 4 1984
COMMENTS WASTE MANAGEMENT
The only hazardous waste that is normally stored at Olin's Doe Run Plant is various waste materials that are thermally destroyed by incineration.
These materials are generated both on and off site. All waste generated.
off-site is from other Olin locations.
FOR TREATMENT, STORAGE AND DISPOSAL FACILITIES ONLY
COST ESTIMATE FOR: CLOSURE \$27,000 POST CLOSURE \$
27,000
CERTIFICATION: I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM

CERTIFICATION: I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE TEAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

D. J. Waters/Plant Manager Print OR TYPE NAME SIGNATURE

DATE SIGNED

KYD006396246

KENTUCKY DIVISION OF WASTE MANAGEMENT

# HAZARDOUS WASTE INFORMATION SUMMARY

# GENERAL INFORMATION

EPA ID NUMBER:
n Corporation
NSTALLATION NAME: Olin

DRECYCLING □ GENERATOR TYPE OF ACTIVITY:

DISPOSAL QUARTERLY REPORT | REGISTRATION TREATMENT MSTORAGE MANNUAL REPORT TYPE OF FILING:

1 - 1 - 83BEGINNING FILING PERTOD:

**WASTE SUMMARY** 

UNMANIFESTED WASTE REPORT

12-31-83 AND ENDING

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Olin CHEMICALS GROUP

DOE RUN PLANT, P.O. BOX 847, BRANDENBURG, KENTUCKY 40108-0847

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October 28, 1983

RECEIVED

Mr. Doug Allgeier Kentucky Division of Water Quality Permit Branch 18 Reilly Road Frankfort, KY 40601

WASTEWATER SECTION

Dear Mr. Allgeier:

Olin Corporation's Brandenburg, Kentucky plant obtains process and cooling water from Doe Valley Lake (major source) and a series of collector and Ranney Wells that are located near the Ohio River. Two of the Ranney Wells (Nos. 1 and 2) are contaminated with dichloroisopropyl ether (DCIPE) and dichloroethyl ether (DCEE). The concentration of DCIPE ranges from 5.0 mg/l to 10 mg/l in Ranney Well No. 1 and 2.0 mg/l to 3.5 mg/l in Ranney Well No. 2. The concentration of DCEE in both wells is less than 0.5 mg/l.

Our present NPDES permit requires that if Ranney Wells Nos. 1 and 2 are used, this water will be distributed to users that discharge to Outfall 002 via the wastewater treatment facility. Dichloroisopropyl ether limitations established for Outfall 002 are 7.0 lbs/day average and 14.0 lbs/day maximum. Dichloroethyl ether limits are 2.0 lbs/day average and 4.0 lbs/day maximum.

As indicated in a recent phone conversation between Mr. C. P. Baldwin (KY Division of Water Quality) and Mr. Hyland (Olin), our plant, like many plants in Kentucky, is experiencing a severe water shortage. The level of Doe Valley Lake, which serves as back-up potable water source for a recreation community of five hundred (500) people has continued to drop for the past two months. The resulting reduced withdrawal rates not only has a negative impact on our production rates but also produces serious maintenance problems with heat exchanger fouling.

Due to the above conditions, Olin Corporation requests that our NPDES permit be modified to allow the use of Ranney Well No. 2 water in the cooling water system and distribute the water from Ranney Well No. 1 (normally idle) to plant users that discharge to the wastewater treatment facility only during water shortage situations. Specially, when the water level of Doe Valley Lake drops from a spillway elevation of 471 feet to an elevation of 466 feet we can operate in this mode. Historical data indicates

Mr. Doug Allgeie. Page Two October 28, 1983

that a rapid drop in the lake water level, depending on climatic conditions, may occur at water elevation of 464 feet to 465 feet. The No. 2 well will continue to be used as a source of cooling water until lake level recovery is evident, i.e. a three (3) feet increase in water elevation (469 feet).

When Ranney Well No. 2 is used in the cooling water system, Outfalls 001 and 002 would be monitored for dichloroethyl ether (DCEE) and dichloroisopropyl ether (DCIPE). Monitoring frequency would be established at twice per month. The total quantity of ethers discharged from Outfalls 001 and 002 would be limited as in our previous NPDES permit - 50 lbs/day average and 75 lbs/day maximum combined DCIPE and DCEE of which no more than 10 lbs/day will be dichloroethyl ether. This approach was discussed with Region IV EPA (prior to Kentucky receiving NPDES permitting authority) and they verbally agreed to the conditions set forth above.

If any additional information is required, please contact Mr. R. W. Hyland at 615/336-4177.

Very truly yours,

OLIN CORPORATION

D. J. Waters Plant Manager

W. E. M.
RWH/DJW/ddg

RWH/DJW/ddg

cc: Mr. William Taylor
Compliance Branch
EPA Region IV
345 Courtland Street, N.E.
Atlanta, GA 30365

V. M. Norwood
D. J. Waters

# Olin CHEMICALS GROUP

DOE RUN PLANT, P.O. BOX 647, BRANDENBURG, KENTUCKY 40108

March 30, 1982

Mr. Bill Cloward
Permit Division
Environmental Protection Agency
Region IV
345 Courtland Street, N.E.
Atlanta, Georgia 30365

Dear Mr. Cloward:

In our meeting at Olin's Doe Run Kentucky Plant (2.4/82), agreement was reached on proposed NPDES permit limitations for the conventional pollutants discharged from Outfall 002. The limitation specified for the conventional pollutants are as follows: BOD, (989 lbs/day average and 1,978 lbs/day maximum), Total Suspended Solids (2,340 lbs/day average and 4,681 lbs/day maximum) and pH (6.0 to 9.0 standard units). A phenol trigger limit of 11.0 lbs/day was also established. The effluent limitations for the non-contact cooling water Outfalls (001 and 003) will remain the same as the present permit.

Effluent parameter limitations still to be resolved for Outfall 002 are as follows: Chromium, Dichloroethyl Ether, Dichloroisopropyl Ether, Methylene Chloride and Benzene. Table I list the present and recommended limits for these specific parameters. Below is a discussion of each parameter and rationale for our recommendation.

## Chromium

The original proposed permit limitation (0.034 lbs.day) for chromium was based on effluent guidelines for only a portion of our unit processes. To determine the total chromium raw waste load for this facility, process streams not covered by the effluent guidelines were analyzed. A composite sample of each stream was prepared by combining hourly grab samples. A total chromium raw waste load (FAL) is tabulated from the following sources:

Mr. Bill Cloward March 30, 1982 Page Three

Total raw waste load for processes which guidelines do not exist

- 5.34 lbs/day

Total raw waste load for processes which guidelines do exist

0.034 lbs/day

Total Raw Waste Load

5.374 lbs/day

\*Proposed Chromium effluent limitation Average - 11.3 lbs/day \* Maximum - 21.0 lbs/day

\*Based on a variability factor of 2.1 and 3.9

# Dichloroethyl Ether

The proposed average effluent limit of 2.0 lbs/day represents an eighty percent reduction of the allowed limit in Olin's 1977 NPDES permit. This corresponds to an average effluent concentration of 0.06 mg/l. The analytical accuracy, using conventional analytical methods, for effluent concentrations less than 0.06 mg/l is probably questionable.

# Dichloroisopropyl Ether

A proposed trigger limit of 10.0 lbs/day again represent an eighty percent reduction of the allowable limit in Olin's 1977 NPDES permit.

As you are aware the source of Dichloroisopropyl Ether originates from contaminated groundwater. Plant intake water from three production wells (Ranney Well #1, 2 and 3) show varying degrees of contamination; wells #4 and 5, installed in 1979, show no contamination. The Dichloroisopropyl Ether concentration in these wells has continued to decline over the past ten years and is now in the range of 6.0 to 8.0 PPM for #1 well, 1.0 to 1.5 PPM for #2 well and approximately 0.1 PPM for well #3.

Prior to May of 1981, all water from #1 well was used in the propylene oxide unit and was consumed in the process. With the termination of propylene oxide production, this well was shut down.

Mr. Bill Cloward March 30, 1982 Page Four

# Dichloroisopropyl Ether (Continued)

Well #2 is distributed to users that discharge to the wastewater treatment plant. An in-plant biological treatment study indicates that treatment removal efficiency (approx. 96%) for this component is excellent, resulting in a Dichloro-isopropyl Ether discharge of 0.5 to 1.0 lbs/day. We do anticipate that the Dichloroisopropyl Ether raw waste load will increase by a factor three to five times the present concentration due to the migration of contaminants from #1 well and the use of #1 well during drought conditions. Based on this factor and the variability of a biological treatment process, we feel that a trigger limit of 10.0 lbs/day is justified.

# Methylene Chloride

Olin's Doe Run Plant has no known source of Methylene Chloride. The effluent guidelines used to develop discharge parameters for our plant showed Methylene Chloride being generated from the production of glycols. This is unlikely unless the glycol is produced from a chlorohydrin process and/or chlorohydrin oxide. Our glycols are now produced from direct oxidation oxides and do not come in contact with chlorine. If Methylene Chloride is detected in our waste stream it is probably due to chromatographic interference of the chloro ethers present in the wastewater. Based on the above, we do not feel that Methylene Chloride should be a parameter limitation in our NPDES permit.

Benzene

No EPA analytical procedure or detection limits have been established for Benzene determination. An analytical laboratory (Environmental Consultants - Clarksville, IN) that performs some of our analytical work indicates their detection limit for Benzene is 50 ppb. A trigger limit of 7.0 lbs/day would establish an effluent concentration approximately four times the detection limit.

or mediterments in application -

Sincerely,

OLIN CORPORATION

R. W. Hyland

Environmental Coordinator

application - nex. of 3 mecinam

DOE RUN FLANT, F.O. BOX 847, BRANDENBURG, KENTUCKY 40:08-0847

August 11, 1982

Mr. Marshall Hyatt
North Area Unit
Permit Section
Facilities Performance Branch
Water Management Division
USEPA Region IV
345 Courtland Street, N.E.
Atlanta, Georgia 30365

Dear Mr. Hyatt:

Attached is the following information you requested for developing a NPDES permit for Olin Corporation's Doe Run Kentucky plant.

- Attachment 1 TOC and BOD Correlation (Outfall 001)
- Attachment 2 Bioassay and Mercury Analysis Report (Outfall 002)
- Attachment 3 Annual Temperature Variation (Doe Valley Lake)
- Attachment 4 Dichloroisopropyl Ether Concentration (Outfall 003)
- Attachment 5 Best Management Practice

In our recent discussions, agreement on many effluent parameters were established. A review of these parameters by outfall is as follows:

# Outfall 001

Flow and temperature will be monitored and recorded continuously. The pH shall not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored monthly by a grab sample. If direct chlorination is used the following parameters will be monitored, 1) Chromium - Limit 1.0 mg/l average and 1.0 mg/l maximum, 2) Zinc - Limit 0.5 mg/l average and 1.0 mg/l maximum, 3) Chlorine - Limit 0.2 mg/l average and 0.2 mg/l maximum.

Mr. Marshall Hyatt August 11, 1982 Page Two

### Outfall 001 (Continued)

Since the non-contact cooling water is monitored daily for Total Organic Carbon (TOC) content we requested that consideration be given to reducing the BOD and total suspended solids monitoring frequency to one per month. We understand that this request is being considered. Attachment 1 is a BOD and TOC correlation for Outfall 001.

### Outfall 002

Flow and temperature will be monitored and recorded continuously. The following parameter will be monitored weekly by analyzing a twenty-four hour composite sample 1) BOD, - Limit 1,000 lbs/day average and 2,000 lbs/day maximum, 2) Total Suspended Solids - Limit 1,334 to 1,668 lbs/day average (still to be resolved) and 3,336 lbs/day maximum, 3) Chromium - Limit 11.3 lbs/day average and 21.0 1bs/day maximum. The pH shall not be less than six (6.0) standard units nor greater than 9.0 standard units and shall be monitored weekly by a grab sample. In your original proposed permit, mercury was monitored monthly. As we discussed, the Doe Run plant has no known sources of mercury and we felt that previous detections were due strictly to analytical interference. Attachment 2 contains recent mercury analyses, using a gold film analyzer, for Outfall 002. All results were below the detection limit. Based on these results we believe that mercury should not be included as a permit parameter. Dichloroethyl Ether and Dichloroisopropyl Ether will be monitored twice a month. Limitation for these parameters are 2.0 lbs/day and 7.0 lbs/day respectively.

### Outfall 003

Temperature and flow will be monitored continuously. The Agency originally proposed a temperature limit of 31.7°C for non-contact cooling water discharge. As we indicated, this limitation can not be met. However, we feel that due to the low stream flow (approximately 1.5 MGD) the environmental impact on Doe Run creek is minimal. To evaluate the impact you requested the annual temperature variations in Doe Valley Lake, the major flow contributor to Doe Run creek. This information is provided in Attachment 3. Based on temperature profile of Doe Valley lake we feel that the temperature limitation should be dropped from the permit.

Mr. Marshall Hyatt August 11, 1982 Page Three

### Outfall 003 (Continued)

Another proposed parameter of concern is Dichloro-isopropyl Ether (DCIPE). The data provided in Attachment 4 indicates the DCIPE long term average is much less than water quality standard. Since the water quality standard is being met, DCIPE should not be a permit parameter.

As we agreed chromium, zinc and chlorine will be monitored if direct chlorination is used. The pH of Outfall 003 shall not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored once per month.

### Bioassay

A biomonitoring analysis will be a parameter requirement for Outfall 002. Mr. Bill Peltier indicated that Region IV will accept the following procedure for determining the aquatic toxicity of this stream.

- o One range finding static bioassay per month for three months to evaluate the toxicity.
- o The first test is to be conducted on four grab samples (four separate tests), each sample collected every six (6) hours over a 24-hour period. Simultaneously a sample will be collected every two (2) hours for Total Organic Carbon (TOC) analysis. See Attachment 4 for the results of the first bioassay and the TOC variability on Outfall 002.
- o If the effluent from Outfall 002 is proven to be non-variable, a single grab sample will satisfy sampling guidelines in future bioassays.
- o After the initial three month evaluation (results in Attachment 2 should satisfy one month) and if no toxicity is evident the monitoring frequency will be reduced to quarterly or semi-annually.
- O During the first year if no toxicity is observed in the quarterly or semi-annual sampling, the biomonitoring requirement will be dropped from the permit.

### DIVISION OF WASTE MANAGEME

APR 1 0 1981

KENTUCKY DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION

# HAZARDOUS WASTE REPORTIVE OF HAZARDOUS MATERIAL AND WASTE MANAGEMENT

FOR THE PERIOD BEGINNING 1/1/80 AND ENDING 12/31/80 GENERAL INFORMATION EPA ID NUMBER KYD006396246 INSTALLATION NAME: Olin Corporation INSTALLATION MAILING ADDRESS: P.O. Box 547 Brandenburg, Kentucky 40108 INSTALLATION LOCATION: Highway 933 COUNTY: Meade TELEPHONE: CONTACT PERSON: R. W. Hyland (502) 422-2101 GENERATION GRECYCLING TREATMENT TYPE OF ACTIVITY: □STORAGE □DISPOSAL UNDERGROUND INJECTION TYPE OF REPORT: MANNUAL QUARTERLY QUARTERLY QUARTERLY NUMBER OF: SUMMARY SHEETS ATTACHED 1 WASTES REPORTED 1 TRANSPORTATION SERVICES USED | No transportation, on-site treatment. COMPANY NAME EPA ID NUMBER COMMENTS Olin incineration facility thermally destroys a Propylene Dichloride and Dichloroisopropyl Ether mixture. In the past this material has been sold as a product but customer demands, at this time, requires disposal. FOR TREATMENT, STORAGE AND DISPOSAL FACILITIES ONLY COST ESTIMATE FOR: CLOSURE \$ Being Developed POST CLOSURE \$

CERTIFICATION: I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

H. F. Gerrard, Plant Manager
PRINT OR TYPE NAME

T. J. SIGNATURE GAR April 3 196

PAGE 1 OF 1

KENTUCKY DIVISION OF WASTE MANAGEMENT

# HAZARDOUS WASTE INFORMATION SUMMARY

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		HETHOD HANDLING	T06					
KYD006396246	RT	TRANSFER CODE	KYD00639246					
3ER:	E REPOI	DISPOSITION CODE	KYZO					
NUM	WAST	UNIT OF	Т		•			
EPA ID NUMBER:	)ISPOSA JNMANIF	AMOUNT OF WASTE	5,237					
	RAGE   1 LION   12/31/80	PHYSICAL STATE	Г					
	NT OSTORAGE OREGISTRATION NDING 12/	DOT HAZARD	СМ					
	TME D E	EPA WASTE NUMBER	D001 U083					
INSTALLATION NAME: . Olin Corporation	G WITH	DESCRIPTION OF WASTE	Dichloroisopropyl Ether and Propylene Dichloride Mixture					
INSTAL	TYPE ( TYPE ( FILING	LINE	-	e		-		$\overline{}$

Fil Olin

January 31, 1974

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### MEMORANDUM

TO:

Herman D. Regan, Jr.

Commissioner

Bureau of Environmental Quality

THRU:

Harold T. Snodgrass

Director

Division of Water (Quality)

FROM:

Clyde P. Baldwin, P. E.

Principal Sanitary Engineer Division of Water (Quality)

SUBJECT:

Olin Meeting, Atlanta, Georgia

January 30, 1974

On January 30, 1974, I attended a meeting between EPA and the Olin Corporation at the request of both parties to discuss the Bis ether problem and the NPDES Permit. The subject of Bis ether was readly resolved with EPA and Olin agreeing to reduced discharge of 25 percent by February 1, 1974, and limiting the discharge after May 1, 1974, to no more than 50 lbs. per day.

EPA agreeded not to create a panic scare concerning Bis ether and Mr. Gary Hutchinson of the Drinking Water Program said he would contact Mr. Nick Johnson of the Sanitary Engineering Division, Kentucky Department for Human Resources and advise him of the agreement.

The matter of the NPDES Permit was not resolved and as a result another meeting must be conducted between Olin and Kentucky and another meeting between Olin Corporation and EPA. Olin Corporation wants to continue use of the PO process indefinitely even though they admitted the Company was previously committed to close the facility by July, 1974.

Olin Corporation was surprised that the fact the state considered this agreement a binding situation. Olin Corporation said that they may be in a position to provide a minimum of primary treatment by the use of vacuum filters by 1975 or 1976. A treatability study would be conducted and should it produce favorable results then the secondary facilities would be provided by late 1978 or early 1979.

MEMO TO: Herman Regan, Jr.
THRU: Harold .. Snodgrass

PAGE: Two

DATE: January 31, 1974

EPA said they could not permit such a schedule and that any permit would read secondary treatment by July 1, 1977. The position that Olin Corporation wishes to continue to operate on an indefinite basis was news to the writer. The situation with Olin Corporation fulfilling their commitments appears to have detoriated and Olin Corporation has requested a meeting with the state in an effort to clarifty the situation. At the present time, Olin Corporation seems to be only stalling for time since they already know that the PO waste is untreatable in any fashion to a reasonable degree.

Attached is a list of those who attended the meeting.

CPB:1cc

Attachment

(fill-in areas	are spaced for elit	e type, i.e., 12	ic ters /inch	h)		
GENERAL	<b>\$EP</b>	4	GEN	ERAL	INFORMATI	ION
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If a preprinted tabel has been provided, affix It in the designated space. Review the inform stion carefully; if any of it is incorrect, cros through it and enter the correct data in the appropriate fill—in area below, Also, if any σ the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label i complete and correct, you need not complete teems 1, III, V, and V) (except VI-8 which must be completed regardless). Complete all teems if no label has been provided. Refer to the instructions for detailed item descrip tions and for the legal authorizations unde which this data is collected.

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity

SPECIFIC QUESTIONS		MAR	K .X.		TES NO TO		
SPECIFIC QUESTIONS	720			SPECIFIC QUESTIONS			ATTACE
A. Is this facility a publicly owned treatment works which results in a discharge to weters of the U.S.? (FORM 2A)		х		B. Does or will this facility faither existing or proposed! Include a consentrated animal feeding operation or aquette animal production facility which results in a discharge to waters of the U.S.7 (FORM 2B)		х	
C. Is this a facility which currently results in discharges to weters of the U.S. other than those described in	X	17.	No	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to	,,	X	11
A or B above? (FORM 2C)		19		waters of the U.S.? (FORM 2D)	77	10	17
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	Х		х	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum con- taining, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	31	X	13
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for spe- cial processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combus- tion of fossil fuel, or recovery of geothermal energy? (FORM 4)	27	X	39
Is this facility a proposed stationery source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	4	J. Is this facility a proposed stationery source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	43	X	41
IT NAME OF FACILITY							
E WIR OT THE CORPORATIO	, -1,	1	T 1 T		· T	2	
PIN DEIN CORPORATIO	<u></u>				•••		
IV. FACILITY CONTACT							
A. NAME & TITLE (lost, fi				B. PHONE (aree code & no.)			
HYLAND R W ENVIRO	NN	1 E	NTA	L COORD 50 2 4 2 2 2 1 0 1			
V. FACILITY MAILING ADDRESS				n   n · n     n · n     n · n			
A. STREET OR P.O.	BOX						
3 P O B O X 5 4 7		_		RECE	: 11	V	FD
B. CITY OR TOWN				C.STATE D. ZIP CODE		•	
4 BRANDENBURG		1		K Y 4 0 1 0 8 MAR	) A :	198	3
VL FACILITY LOCATION		,	÷ .	4. 4.			
A. STREET, ROUTE NO. OR OTHER S	PECI	FIC	IDENTIF	ER LIVE	ALA	05	AFAI
5 H I G NW A Y 9 3 3				WASTE MA	AMA	GE	MEIN
B. COUNTY NAME				<del></del>			
MEADE		7	T T T				
C. CITY OR TOWN	_	20. 10		D. STATE E. ZIP CODE P. COUNTY CODE			
6 B RAN DEN BUR G		'		K Y 40 1 98			
EPA Form 3510-1 (6-80)				CONTI	NUE	ON	REVE

INTINUED FROM THE FRONT				•-,
II. SIC CODES (4-digit, in order of priority)				The state of the s
A. FIRST			B. SECONO	
286.9 Organic Chemical	S	7 /2	pecifyj	2
C. THIRD			D. POURTI	
(specify)		7	pecify)	
IIL OPERATOR INFORMATION	<b>\$</b>	* *	H	4 6
	A NAME			B. Is the name listed in Item VIII-A also the
OLIN CORPORATIO	31		· · · · · · · · · · · · · · · · · · ·	YES NO
1"		N. 15110-1 11		м "
F = FEDERAL M = PUBLIC (other than fe S = STATE O = OTHER (specify)		pecify)	A 2 0	3 3 5 6 2 0 0 0
P = PRIVATE	P.O. BOX		1 10 10	10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		· · · · · · · · · · · · · · · · · · ·		
F. CITY OR TOWN		G.STATE )	. ZIP CODE IX. INDIAN	LAND
STAMFORD		CTO	6,904 -	ty located on Indian lands?
		41 42 47	- 61 52	
A. NPDES (Discharges to Surface Water)	D DED ///o Emirrion	Com December 6		
N KY0002119	9 P NA.	T TOM Proposed Sout	ces)	
B. UIC (Underground Injection of Fluids)	19 16 17 18 E. OTHE	R (specify)		
U N A	9 1		(specify) See	Attachment
C. RCRA (Hazardous Wastes)		m (specify)		
RNA	9	11111	(specify)	
I, MAP	19 10 17 10		70	
	of the area autopoline			
Attach to this application a topographic map he outline of the facility, the location of each manner of the facility and facilities and facil	O DAIS DAITSIXO STI TO IC	roposed intake so	d discharge management	b .d : b
reatment, storage, or disposal facilities, and vater bodies in the map area. See instructions	each well where it inje	cts fluids undergra	ound. Include all spring	p, rivers and other surface
II. NATURE OF BUSINESS (provide a brief descrip	tion)			
The nature of the busines Ethers, and Polyaklaline gas liquids. The materia thermally cracked to ethy oxide. Ethylene oxide is various long-chain alcoho is reacted with water and	Glycols. The ls are separa lene. The et reacted with ls (phenolic	principle ted by dis hylene is water am	feed to the tillation and then oxidized monia	plant is natural the ethane is to ethylene
III. CERTIFICATION (see instructions)  I cartify under penalty of law that I have perattachments and that based on my inquiry	sonally examined and a	en familiar with th	e information submitte	d in this application and all
application, I believe that the information is false information, including the possibility of	true, accurate and con fine and imprisonment.	plete. I am aware		
W. A. Oppold Sr. V.P. Manufacturing &	Engineering	12h) H	n](	3/23/53
DMMENTS FOR OFFICIAL USE ONLY		5100 W 10 2 2 7 8 1	the district of the same	**************************************
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.⊋.FPΔ		L HAZARDOUS WAS		REGION	SITE NUMBER (to be ea-
VLIA	IDENTIFICATION	AND PRELIMINAR	Y ASSESSMENT	a	
NOTE: This form is consubmitted on this form is and on-site inspections.	s based on available rec	al hazardous waste sit ords and may be updat	te to help set priorities ted on subsequent forms	for site inspe- as a result of	ction. The information additional inquiries
GENERAL INSTRUCTION Accomment), File this Agency: Site Tracking S	form in the Regional Ha	sardona Waste I og Fil	s completely as possible le and submit a copy to: (EN-335); 401 M St	U.S. Environ	mental Protection
KYD006396246	MEADE		TION		
OLIN CORP/DOI UFF RTE 933	E RUN PL/OLD	EAST LANDFIL	L Ti(or other identifier)		
BRANDENBURG BROWN, J.E.,	MGR ENV TECH	KY 40108 6153362251	E E. ZIP CODE	F. COUN	TY NAME
a a				2. TELEP	HONE NUMBER
H. TYPE OF OWNERSHIP					
1. FEDERAL	2. STATE 3. COUNT	Y 4 MUNICIPAL	D PRIVATE	6 UNKNOWY	
			0.01	- Golog	ist obets
*103-C TIF	CATTONE DAT	E: 810609	Ruffl	- any	- may
CARL SCHROEDE		01000			
PHUNE: 502-56					K. DATE IDENTIFIED
I HOWER SOR OF		*			(mo., day, & yr.)
5.			·	2. TELEP	HONE NUMBER
A. APPARENT SERIOUSNE		ARY ASSESSMENT (co	omplete this section last	1)	
	. MEDIUM 3. LOW	A NONE	5. UNKNOWN		
RECOMMENDATION					
1. NO ACTION NEEDE	D (no hezerd)		2. IMMEDIATE SITE INSP		ED
3. SITE INSPECTION A			b. WILL BE PERFORME	D BY:	<del>djar s</del> ë
b. WILL BE PERFOR	MED BY:				
			4. SITE INSPECTION NEE	EDED (low prio	rity)
					12/2012
C. PREPARER INFORMATIO	ON .				2/04,0
1. NAME	Don Cus	u/ut 1	2. TELEPHONE NUMBER	'	9/2/83
		III. SITE INFORM	ATION		
A. SITE STATUS  1. ACTIVE (Those industriant industrial	or disposal wastes.)	no longer receive (Thos	. OTHER (epecify): re aites that include such i gular or continuing use of t	incidente like " the site for was	midnighi dumping'' where te disposal has occurred,)
B. IS GENERATOR ON SITE	,				
☐ 1. NO	D	ES (epocify generator's	lour-digit SIC Code):		
C. AREA OF SITE (In acres)		RENT SERIOUSNESS OF	SITE IS HIGH, SPECIFY	COORDINATES	

1. NO 2. YES (opecity):

T2070-2 (10-79)

E. ARE THERE BUILDINGS ON THE SITE!

Continue On Reverse

Continued From Front		<b>.</b>									
						OF SITE ACTIVIT				15	
Indicate the major sit			ails relating to ea	ach act	tivi	ty by marking 'X'	n the app		iate boxes	١	
A. TRANSPOR	TER	×1	B. STORER	Ľ	1	C. TREATER	١	. x .	C	). C	ISPOSER
1. RAIL		1. PILE			+	FILTRATION			I. LANDFI		
2. SHIP			CE IMPOUNDMEN	17	-	INCINERATION		-	2. LANDFA		
3. BARGE 4. TRUCK		3. DRUMS			3. VOLUME REDUCTION			-	. OPEN D		
5. PIPELINE			BELOW GROUND		+	RECYCLING/RECO		-			MPOUNDMENT
6. OTHER (specify):			R (apecity):		_	BIOLOGICAL TREA		-	MIDNIGH		
	F		a (apoc,)	-	_	WASTE OIL REPRO			. INCINER		NOITOBLAI DAU
					+	SOLVENT RECOVE		-	S. OTHER	-	
				F	_	OTHER (specify):	· <u>```</u>		,		,,.
E. SPECIFY DETAILS	OF SITE ACT	FIVITIES AS	NEEDED					L			
	100.700.1000000000000000000000000000000	3.50 Part C 2000				z					
			V. WASTE RE	ELATE	D	NEORMATION					
A. WASTE TYPE	]2 LIQUID	<b>□</b> 3	. solid		.00	GE	AS				
B. WASTE CHARACTE	47/55/50 Sec					****					
1 UNKNOWN							IGHLY V	DLA	TILE		
6 TOXIC	7 REACTIV	/E []8	INERT [	]9 FL	LAN	MABLE					
10. OTHER (*pecif				r. ————————————————————————————————————							9 <sup>10</sup>
C. WASTE CATEGORIE  1. Are records of wast		Specify ite	rms such as manife	sts, inv	vent	ones, etc. below.		Neerstee			
					22,504.0						
2. Estimate the amo	unt(specify	unit of mea	sure)of waste by	y cates	gory	; mark 'X' to indic	ate whic	h we	stes are p	res	sent.
a. SLUDGE	ъ. о	IL .	c. SOLVENTS	5		d. CHEMICALS		SOL	IDS		I. OTHER
AMOUNT	AMOUNT		AMOUNT		AM	OUNT	AMOUNT		AMOUNT		
UNIT OF MEASURE	UNIT OF ME	ASURE	UNIT OF MEASUR	RE	ÜN	UNIT OF MEASURE UN		UNIT OF MEASURE		UNIT OF MEASURE	
X' (1) PAINT, PIGMENTS	X' III OIL Y	ES	X (1) HALOGENA	ATED	. x .	(1) A CIDS	'X'(1) FL	YAS	н	·×	(1) PHARMACEUT.
(2) METALS SLUDGES	(2) O THE	R(specily):	121 NON-HALO SOLVENTS	GNTD.		(2) PICKLING LIQUORS	(2) A 5	BES	TOS		(2) HOSPITAL
(3) POTW			(3) O THER(spo	oci <b>ly</b> )		'3' CAUSTICS	D'MI MI		NG/ FAILINGS		(3) RADIOACTIVE
(4) A LUMINUM SLUDGE						(4) PESTICIDES	141 F 8	9 R 4	OUS . WASTES		(4) MUNICIPAL
(5) OTHER(apeclly):						(8) DYES/INKS	151 N	) ti - f-	ERROUS . WASTES	_	(5) OTHER(specify):
						(6) CYANIDE	16101	HE	((specify):		
						(7) PHENOLS					
						(8) HALOGENS					
				ļ		(9) PCB					
						(10) METALS					
				l	لــا	(1110THER(*pecily)					

		(continued	

- 3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hezerd).
- 4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

10		VI. HAZARD DESCRIPTION									
A. TYPE OF HAZARD	POTEN- TIAL HAZARO (mar X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS							
1. NO HAZARD		EN T	<b>2</b> °97 (} - 1 € 194								
2. HUMAN HEALTH	,										
3. NON-WORKER INJURY/EXPOSURE			,	(2)							
4. WORKER INJURY											
S. CONTAMINATION OF WATER SUPPLY											
6. CONTAMINATION OF FOOD CHAIN											
7. CONTAMINATION OF GROUND WATER											
8. CONTAMINATION OF SURFACE WATER											
9. DAMAGE TO 9. FLORA/FAUNA											
to, FISH KILL											
11. CONTAMINATION OF AIR				6							
12. NOTICEABLE ODORS											
13. CONTAMINATION OF SOIL											
14. PROPERTY DAMAGE											
15. FIRE OR EXPLOSION											
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS											
17. SEWER, STORM DRAIN PROBLEMS											
18. EROSION PROBLEMS											
19. INADEQUATE SECURITY											
20. INCOMPATIBLE WASTES											
21. MIDNIGHT DUMPING											
22. OTHER (specify):											
8											
			<u> </u>	No.							

VII. PERMIT INFORMATION							
A. INDICATE ALL APPLI	CABLE PERMITS HELD BY						
		~~·.					
1. NPDES PERMIT	2. SPCC PLAN						
4. AIR PERMITS		6. RCRA TRANSPOR					
7 RCRA STORER	8. RCRA TREATER	9 RCRA DISPOSER	90				
10. OTHER (specify)	1.						
B. IN COMPLIANCE?	100						
1. YES	2. NO	3 UNKNOWN	ĸ				
4. WITH RESPECT	TO (list regulation name & nur	mber):	0				
VIII. PAST REGULATORY ACTIONS							
A. NONE	B. YES (summarize be						
	CDC PROCESSORS AND NOTICE THE		a a				
<i>5</i> .							
		19					
	(V						
	1X. INS	PECTION ACTIVITY	past or on-going)				
_ A NONE	B. YES (complete items	# 1,2,3, & 4 below)					
1 TYPE OF ACTIV	2 DATE OF PAST ACTION (mo., day, & yr.	N BY:	4. DESCRIPTION				
	N.						
	1						
	X. R	EMEDIAL ACTIVITY	(past or on-going)				
A. NONE	B. YES (complete Item.	■ 1, 2, 3, <b>≜</b> 4 below)	7				
1. TYPE OF ACTIV	VITY 2. DATE OF PAST ACTION (mo., day, & y)	N BY:	4. DESCRIPTION				
	e information in Sections on the first page of this		out the Preliminary Assessment (Section II)				

PAGE 4 OF 4

# SEPA

# POT TAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be as-
V	KYD006396246

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.									
I. SITE IDENTIFICATION									
Olin Corp. / Doe Run Plant/old East LF Rt. 933									
G. OWNER/OPERATOR (IL known)  D. STATE E. ZIP CODE F. COUNTY NAME HO108 Meade									
Olin Corporation   2. TELEPHONE NUMBER   615-336-2251									
H. TYPE OF OWNERSHIP									
andfill									
NOTIS  K. DATE IDENTIFIED  (mo., day, & yn.)  11, 25, 81									
1. NAME DON CUTY 502-384-4734									
F. PRELIMINARY ASSESSMENT (complete this section last)									
A. APPARENT SERIOUSNESS OF PROBLEM  1. HIGH  2. MEDIUM  3. LOW  4. NONE  5. UNKNOWN									
RECOMMENDATION  1. NO ACTION NEEDED (no hazard)  2. IMMEDIATE SITE INSPECTION NEEDED  2. TENTATIVELY SCHEDULED FOR:									
3. SITE INSPECTION NEEDED  a. TENTATIVELY SCHEDULED FOR:  b. WILL BE PERFORMED BY:									
b. WILL BE PERFORMED BY:  4. SITE INSPECTION NEEDED (low priority)									
C. PREPARER INFORMATION  1. NAME VALUE TIMINORIS  2. TELEPHONE NUMBER  3. DATE (200., day, & yr.)  502-564-6716  9.21.82									
III. SITE INFORMATION									
1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)  2. INACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal has occurred.)  3. OTHER (specify):  (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)									
1. NO Z 2. YES (apacity generator's four-digit SIC Code):									
D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES  1. LATITUDE (degminsec.)									
I. NO DE 2. YES (apocity):									

	Continued From Front													
-	Indicate the major site activity(iee) and details relating to each activity by marking 'X' in the appropriate boxes.													
. X.	ncate the major site	e ac	TAILA(199		118		x T	ity by marking . X' is	n th	e app	rop	late boxes	<u> </u>	
Ê	. A. TRANSPORT	TER			B. 5	TORER	1	C. TREATER	١		Ŕ			DISPOSER
┝	1. RAIL	-		1. PILE		IMPOUNDMENT	+	I. FILTRATION				1. LANDFII 2. LANDFA	1000	
$\vdash$	3. BARGE			a. DRUMS	_	IMPOORDMENT	-	. VOLUME REDUCTION	ON	-	_	S. OPEN D		
Н	4. TRUCK					OVE GROUND	-	. RECYCLING/RECO	_				_	MPOUNDMENT
H	S. PIPELINE	-				LOW GROUND	-	. CHEM./PHYS. TRE				S. MIDNIGH	_	
Н	6. OTHER (epecify):			S. OTHER	-		-	. BIOLOGICAL TREA	_			S. INCINER	_	
					105-20	100 (1900 o 1800)	-	. WASTE OIL REPRO	_				_	HOITSELMI ONU
			- 1				1	SOLVENT RECOVE	RY			. OTHER	epe	ecity):
9. OTHER (specify):														
L	E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED													
Г						V. WASTE RELATI	ED	INFORMATION					_	
A.	WASTE TYPE					TO ALLE NO LEAD IN		THE SKIMATION					_	
0	1. UNKNOWN 2. LIQUID 3. SOLID 4. SLUDGE 5. GAS													
8.	WASTE CHARACTER	RIST	ICS			1.0								
[					. IG	NITABLE 4 R	AD	HOACTIVE S. H	IGH	LY VO	LA	TILE		
1	6. TOXIC	]7.	REACTIVE	E 🗌 8	. IN	ERT9. F	LA	MMABLE						
	10. OTHER (epocify	<b>y</b> ):												
	WASTE CATEGORIE				i									
1	1. Are records of waste	<b>es</b> a	Autra pr es	Specify ite		such as manifests, in	70	ntories, etc. below.						
L					_									
L	2. Estimate the amo	unt	(apecify u	mit of me	eu	re)of waste by cate	80	ry; mark 'X' to indic	ate	which	W	stes are p	161	ent.
L	a. SLUDGE	L	ь. ОП				d. CHEMICALS				_	IDS		f. OTHER
1^	MOUNT	^™	OUNT		AMOUNT		ľ	100		AMCUNT		AMOUNT		
U	NIT OF MEASURE	UN	IT OF ME	SURE	ÜN	IT OF MEASURE	U	NIT OF MEASURE	UNIT OF MEASURE		UNIT OF MEASURE			
	WEST							tons			_		ONIT OF MEASURE	
×	(1) PAINT, PIGMENTS	×	(1) OIL Y	:5	·×·	(1) HALOGENATED	×	7	×	(1) FL	YAS	н	٠×	(1) LABORATORY PHARMACEUT.
Н	(2) METALS	H	(2) OTHE	(opecity):	H	(2) NON-HALOGNED	t	(2) PICKLING	Н	-			H	
L	SLUDGES	Γ	(2/OTHE	.(	L	SOLVENTS	1	LIQUORS	Ц	(2) AS	861	TOS	L	(2) HOSPITAL
L	(S) POTW				Г	J(3) OTHER(epocify):	L	(3) CAUSTICS	Ц	(B) MII		NG/ TAILINGS	L	(3) RADIOACTIVE
L	(4) ALUMINUM SLUDGE			1.5			L	(4) PESTICIDES		(4) FE	RR	US . WASTES		(4) MUNICIPAL
H	(8) OTHER(specify):							(8) DYES/INKS		(8) NO SM	N-F	ERROUS . WASTES		(5) OTHER (specify):
					Γ	(6) CYANIDE	Р	(6) O T	HE	(epocity):				
١				Γ	(7) PHENOLS									
					(6) HALOGENS						<u> </u>			
						r	(9) PCB	1						
							r	(10) METALS	1					
1		1					k		ł				١	
1					38		1	2,4 - Dinitro	D	net.	10.	2.6.	I	Districtoria

		VII. PERMIT INFO	RMATION									
A. INDICATE ALL APPLI	CABLE PERMITS 1 D BY T	HE SITE.										
l –												
1. NPDES PERMIT	_ =	3. STATE PERMIT										
A. AIR PERMITS		6. RCRA TRANSPO										
7. RCRA STORER	B. RCRA TREATER	] 9 RCRA DISPOSER	*									
10. OTHER (specify)	ig <b>1</b> •0%											
B. IN COMPLIANCE!	· <del></del>											
1. YES	2. NO	3. UNKNOWN										
4. WITH RESPECT T	4. WITH RESPECT TO (list regulation name & number):											
	VIII. PAST REGULATORY ACTIONS											
A. NONE	B. YES (summerize belo	w)										
		•										
8												
	IX. INSPE	CTION ACTIVITY	(past or on-going)									
A. NONE	B. YES (complete items 1											
1. TYPE OF ACT'V	2 DATE OF PAST ACTION (mo., day, & yr.)	3 PERFORMED BY: (EPA/State)	4. DESCRIPTION									
		15 ASSESSED TO THE RESIDENCE OF THE RESI										
3	X. REA	MEDIAL ACTIVITY	(past or on-going)									
A. NONE	B. YES (complete items 1	, 2, 3, & 4 below)	TO THE SECOND CONTRACTOR OF THE SECOND CONTRAC									
1. TYPE OF ACTIV	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION									
	£											
	information in Sections II		out the Preliminary Assessment (Section II)									

PAGE 4 OF 4

3. LIST SUBSTANCES OF GREATEST CONC. WHICH MAY BE ON THE SITE (place in descend order of hexard).											
		343									
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.											
VI. HAZARD DESCRIPTION											
	B. POTEN-	c.	D. DATE OF								
A. TYPE OF HAZARD	TIAL HAZARD (mark 'X')	ALLEGED INCIDENT (mark-'X')	INCIDENT (mo.,day,yr.)	E. REM	ARKS						
1. NO HAZARD					en 1						
2. HUMAN HEALTH											
3. HON-WORKER											
4. WORKER INJURY											
B. CONTAMINATION B. OF WATER SUPPLY					· ·						
6. OF FOOD CHAIN											
7. CONTAMINATION OF GROUND WATER											
8. CONTAMINATION B. OF SURFACE WATER			v.								
S. DAMAGE TO FLORA/FAUNA											
10. FISH KILL			2 600								
11. CONTAMINATION OF AIR											
12. NOTICEABLE ODORS											
18. CONTAMINATION OF SOIL											
14. PROPERTY DAMAGE		ZINA									
15. FIRE OR EXPLOSION											
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS											
17. SEWER, STORM DRAIN PROBLEMS											
18. EROSION PROBLEMS											
18. INADEQUATE SECURITY											
20. INCOMPATIBLE WASTES											
21. MIDNIGHT DUMPING											
22. OTHER (specify):											
,			J.	•							

-		_			· :_	CHARACIERIZATI	UN	OF SITE ACTIVITY					
In.	dicate the major site	e a	ctivity(i	es) and d	1	s relating to each ac	tiv	ity by marking 'X' in	<u>.</u>	app:opi	iate boxes		
. x .			Vasilias in Car	x -	_	STORER	×	C. TREATER	$\sim$	.x.			DISPOSER
	II. RAIL			1. PILE	-1129		1,	. FILTRATION		x	. LANDFIL		
-	2. SHIP	_			CF	IMPOUNDMENT	-	INCINERATION		-10	LANDEA	-	
_	3. BARGE			3. DRUM	_		-	. VOLUME REDUCTION	ON	-	B. OPEN DU		
	4. TRUCK				700	OVE GROUND	+	. RECYCLING/RECO		-		_	MPOUNDMENT
-	S. PIPELINE				_	LOW GROUND	+	. CHEM. PHYS. TRE			. MIDNIGH	-	
$\vdash$	E. OTHER (specify):	-			-		+					_	
$\vdash$	JE. OTHER (SPECITY):			6. OTHE	4 (1	-	8. BIOLOGICAL TREATMENT 6. INCINERATION 7. WASTE OIL REPROCESSING 7. UNDERGROUND IS						
			1			F	+-						
			1			-	-	. SOLVENT RECOVE	PY	-+-	. OTHER (	spe	ecity):
			1			1	J°	. OTHER (specify):				0	
						ſ				1			
-		_	لــِـــ				_						
il co	SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED												
	Disposed of bo	oi.	ler as	h, lime	gı	rits and paper							
								*					
						V. WASTE RELATE	D	INFORMATION					
Α.	WASTE TYPE	U PORT									373	2	
_		٦.		<u>×</u>	5000	_	[1] (A.I.)						
	1 UNKNOWN	12	LIQUID	X 3	. 50	DLID 4. SI	בוחב	OGE5. G/	AS				
В.	WASTE CHARACTER	RIST	ics		_								
	222		CORROS	IVE TI	. 10	NITABLE TA R	ADI	DACTIVE 5 HI	GHL	Y VOLA	TILE		
			REACTI					MMABLE	esiffi				
٦		٠.		·- LJ*									
-	7	94°											
_	10. OTHER (specify	_					-					-	
C.	WASTE CATEGORIE	5 16 #	vailable	Specify ite	ms	such as manifests, in	ven	tories, etc. below.					
ľ					or september		- CERTIFO						
	Yes			-									
2	2. Estimate the amou	unt	(specify	unit of mea	Su	rejof waste by cate	gor	y; mark 'X' to indica	ate w	hich wa	stes are p	res	ient.
1	. SLUDGE		ъ. С	DIL		c. SOLVENTS		d. CHEMICALS		e. SOL	IDS		1. OTHER
AM	TAUDA	AM	OUNT		Ah	MOUNT	AM	TOUNT	AMO	UNT		4	THUON
			<u> </u>			**************************************	L						
UN	NIT OF MEASURE	UN	IT OF M	EASURE	UN	TOF MEASURE	UN	TOF MEASURE	יואט.	TOFME	ASURE	UN	IT OF MEASURE
				1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		γ.			.x.	MINAL CORN.	. ×.		·x	10±07 MARCH		· x	LABORATORY
^	FIGMENTS	^	(1) OIL Y	ES	Ê	SOLVENTS	٦	(1) A CIDS	x"	PLYAS	н		11) PHARMACEUT.
-		-			-		-	//			NATIONAL PROPERTY.		Company of the compan
	(2) METALS SLUDGES		(2) OTH	ER (apacify):		(2) NON-HALOGHTD.	1	(2) PICKLING LIQUORS	12	PASBES	TOS		(2) HOSPITAL
_	25,005				-	ļ	-		+			-	<del> </del>
	(2) POTW				-	(3) OTHER(specify):	1	131 CAUSTICS	1:	MINE	AILINGS		(3) RADIOACTIVE
				12		FO	L		1	E		-	
	(4) ALUMINUM						1	(4) PESTICIDES		FERRO	US . WASTES		(4) MUNICIPAL
	SLUDGE								∐"	SMLTG	. WASTES		
-										, NON-F	ERROUS		(5) OTHER(specify):
-	(5) OTHER(specify):						1	(E) DYES/INKS	19	SMLTG	ERROUS . WASTES		
							T		, ''	OTHER	(specify):		
	±						1	(6) CYANIDE	*				
		١.	20				H		lim	e grit	ts &		
		1 3	•	8				MIDHENOLE	pap				
				9			$\vdash$		۳۳				
								(8) HALDGENS					
							$\vdash$		ł				
								(9) PC B					
		1					L	1900 Tubb					
									1			1	
					1			HOIMETALS					
		1			1			(11) OTHER (specify)	l				
		l						J C. HERITON					
							l						
			- 20000111-01				_					_	

# SEPA

# POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (	0 be ee-
	eigned by Hg)	

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NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available recor is and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through Assessment). File this form in the Regional Haz urdous Waste L Agency; Site Tracking System; Hazardous Waste Enforcement To	Ar Hile and au	homit a name to. T	C E	있으면 면도 1번째로 보고 있는 100mm 등 보고 있는 100mm 등 100mm						
I. SITE IDE	NTIFICATION									
A. SITE NAME	325	other identifier)								
Olin Chemical Corp.	P. O. Bo	× 547								
C. CITY  Brandenburg	D. STATE	E. ZIP CODE	F. COUN	TY NAME						
G. OWNER/OPERATOR (II known)	KY	40108	Mea	de						
Olin Chemical Corp.			2. TELE	PHONE NUMBER						
N. TYPE OF OWNERSHIP			-							
1. FEDERAL 2. STATE 3. COUNTY 4 MUNIC	TPAL XXX5	PRIVATE:6	UNKNOWN							
Landfill located under the west portion of #082.08.	new landfi	ll site curr	ently p	permitted under						
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)				K. DATE IDENTIFIED						
ECKHARDT REPORT				(mo., day, & yr.) 2-29-80						
L. PRINCIPAL STATE CONTACT			to water							
	×		2. TELE	PHONE NUMBER						
Mrs. Caroline Patrick Haight			502-5	64-6716						
II. PRELIMINARY ASSESSMENT (complete this section last) A. APPARENT SERIOUSNESS OF PROBLEM										
1. HIGH2. MEDIUM3. LOW4 NONE	<b>∑xx</b> 5∷ t	JNKNOWN								
CONTRACTOR	B. RECOMMENDATION									
1. NO ACTION NEEDED (no hexard)	2. IMMED	TAT VELY SCHED	CTION NEE	DED:						
3. SITE INSPECTION NEEDED	b. WILL	BE PERFORMED	BY:							
b. WILL BE PERFORMED BY:	74									
(40) (40)(2-40)(9)	4. SITE	NSPECTION NEED	ED (low pri	ority)						
C. PREPARER INFORMATION		*								
1. NAME	2. TELE	PHONE NUMBER	ł	3. DATE (mo., day, & yr.)						
Donald R. Curry	502-3	384-4734		2-29-80						
III. SITE IN	FORMATION									
A. SITE STATUS  1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infre-quently.)	3. OTHER (Those sites if no regular or co	at include such inc	idente like site for wa	"midnight dumping" where						
B. IS GENERATOR ON SITE?										
1. NO 2. YES (epecify gene	retor's four—digi	SIC Code):								
C. AREA OF SITE (In acres) (pro bless) D. IF APPARENT SERIOUSN. 1. LATITUDE (deg min acc		HIGH, SPECIFY CO		ACCORDING AND ADDRESS AND THE STREET AND ADDRESS AND A						
E. ARE THERE BUILDINGS ON THE SITES (IT IN problem area	}									
XX 1. NO 2 YES (opecity):										

17. SEWER, STORM

18. EROSION PROBLEMS

19. INADEQUATE SECURITY

20. INCOMPATIBLE WASTES

21. MIDNIGHT DUMPING 22. OTHER (apacity):

Continued From Front				
			II. PERMIT INFO	RMATION
A. INDICATE ALL APPL	LICABLE PER			
1. NPDES PERMIT	2. SPC	C PLAN	3. STATE PERMIT	epecify):
4. AIR PERMITS	5. LOC	AL PERMIT	6. RCRA TRANSPO	RTER
7. RCRA STORER	B. RCR	A TREATER	9. RCRA DISPOSER	1
10. OTHER (specify	y):			
B. IN COMPLIANCE?				
1. YES	2. NO		3. UNKNOWN	
4. WITH RESPECT	TO (list regula	stion name & number	r):	
		VIII. I	PAST REGULATO	RY ACTIONS
A. NONE	☐ 8. YE	S (summarize below	)	
	-	IX. INSPE	CTION ACTIVITY	(pest or on-going)
		224 11497 64	CHON ACTIVITI	(pass or our joint)
A. NONE	☐ B. YES	(complete items 1,	2,3, & 4 below)	*
1. TYPE OF ACT	IVITY	2. DATE OF PAST ACTION (mo, day, & yz.)	3. PERFORMED BY: (BPA/State)	4. DESCRIPTION
		X. REM	EDIAL ACTIVITY	(pest or on-going)
A. NONE	☐ B. YES	(complete items 1,	2, 3, & 4 below)	
1. TYPE OF ACT		2. DATE OF PAST ACTION (mo., day, & yn)	S. PERFORMED BY: (EPA/State)	4. DESCRIPTION

information on the first page of this form.

PAGE 4 OF 4

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II)



# POTERTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

FELON	FITE WILLEER	7	-	_
LEGION	SITE NUMBER	110	De	**-
	signed by He)			

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NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

T CITE INFLITER CTION											
I. SITE IDENTIFICATION  A. SITE NAME  B. STREET;(or other identifier)											
Olin Chemical Corp.	P. O. Bo										
C. CITY	D. STATE	E. ZIP CODE	F. COUNTY NAME								
Brandenburg	KY	40108	The state of the second second second	ade							
G. OWNER/OPERATOR (II known)											
1, NAME			2. TELE	PHONE NUMBER							
Olin Chemical Corp.											
H. TYPE OF OWNERSHIP			.=								
1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL XX5 PRIVATE 6 UNKNOWN											
I. SITE DESCRIPTION											
This site adjacent to presently permitted site #082.02											
J. HOW IDENTIFIED (I.e., citizen's complaints, OSHA citations, etc.)				K. DATE IDENTIFIED							
ECKHARDT REPORT				(mo., day, & yr.) 2-29-80							
				2-29-80							
L. PRINCIPAL STATE CONTACT			12. TELE	PHONE NUMBER							
Mrs. Caroline Patrick Haight				664-6716							
II. PRELIMINARY ASSESSME	NT (complete t	his section last)									
A. APPARENT SERIOUSNESS OF PROBLEM	•										
☐1. HIGH ☐2. MEDIUM ☐3. LOW ☐4 NONE	<b>xx</b> 5⊱ t	UNKNOWN									
B. RECOMMENDATION											
1. NO ACTION NEEDED (no hazard)  2. IMMEDIATE SITE INSPECTION NEEDED  3. TENTATIVELY SCHEDULED FOR:											
	•. 1EN	IA I VELT SCHED	JEED FOR	••							
3. SITE INSPECTION NEEDED  B. TENTATIVELY SCHEDULED FOR:	b. WILL	BE PERFORMED	BY:								
and the second s											
b. WILL BE PERPORMED BY:	□4. SITE I	INSPECTION NEED	ED (low pr	iority)							
			,								
	*0										
C. PREPARER INFORMATION											
1. NAME	2. TELE	PHONE NUMBER		3. DATE (mo., day, & yr.)							
Donald R. Curry		384-4734		2-29-80							
III. SITE IN	FORMATION										
A. SITE STATUS	I 3. OTHER	(apecify):									
municipal sites which are being used sites which no longer receive	(Those sites th	hat include such inc	idente like	"midnight dumping" where							
on a continuing back, even if intre-		•		——————————————————————————————————————							
quently.)											
B. IS GENERATOR ON SITE?	L										
1. NO 2. YES (epocity gene	rator's fow-digi	I SIC Code):									
C. AREA OF SITE (In ocros) (Problem) D. IF APPARENT SERIOUSN		HIGH, SPECIFY CO									
1. LATITUDE (degminsec	£•)	2. LONGITE	DE (OC)								
<u> </u>											
E. ARE THERE BUILDINGS ON THE SITES (if IN Problem area	)										
X 1. NO 2 YES (specify):											

C 01	onlinuea Fiom Fioni													
-							_	OF SITE ACTIVITY	_					
	icate the major sit	2 2	ctivity(ies	) and (	ils	relating to each ac	tiv	ity by marking 'X' is	_	app	ropi	iate boxes	•	· · · · · · · · · · · · · · · · · · ·
. X .	A. TRANSPOR	TEI	X		В. :	STORER	<u>*</u>	C. TREATER	•		. x .		۵ .	ISPOSER
_	1. RAIL			I. PILE	_		1	. FILTRATION		_	ΚX	K I. LANDFILL		
	2. SHIP 2. BARGE				-	IMPOUNDMENT	-	. INCINERATION			_	2. LANDFA		
$\vdash$	4. TRUCK	_		3. DRUM	-		+	. VOLUME REDUCTI			-	OPEN DE		
<b>—</b>	S. PIFELINE	_			-	OVE GROUND	+	RECYCLING/RECO					_	MPOUNDMENT
$\vdash$	t. OTHER (specify):			6. CTHE	BELOW GROUND			B. CHEM./FHYS. TRE		_		S. MIDNIGH	_	
Н	C. OTHER (Specing).		-	Ju. 0 / HE		F	-	. WASTE OIL REPRO				. INCINER		NON INJECTION
						1	+	SOLVENT RECOVE				B. OTHER (	_	<del></del>
1			- 1			ŀ	_	OTHER (specify):					-,	erry).
E.	E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED													
								. v 10'01 112010101						
D	Planning to d ebris from exp	rı.	II to d	etermir n 1963	ne nl	what wastes a	re	in the fill.						
_	collo llom caj		751011 11	1 1903	Ът	us waste IIOm	O.	peraction.						
L						- 62								
_	WASTE TYPE					V. WASTE RELATI	ED	INFORMATION						
<b>1</b> ~														AV-200 AV 50 EV 500
E	X ) UNKNOWN	]2	Fionip	3	. sc	DL1D4. 5	LUI	DGE5. G	AS					
В.	WASTE CHARACTE	RIS	TICS											
		]2.	CORROSIN				AD	IDACTIVES H	IGH	LY VO	LA	TILE		
L	6. TOXIC	7.	REACTIVE	E8	. IN	ERT9. F	LA	MMABLE						
_ ا	710 07U50 (													
	10. OTHER (specif	_			-		-		_		-		_	
1	. Are records of wast	es (	vailable?	Specify its	ms	such as manifests, in	ven	ntories, etc. below.						
1	. Estimate the amo	unt	(specify u	mit of me	esu	re)of waste by cate	gor	ry; mark 'X' to indic	ate	which	w	sles are p	res	ent.
	a. SLUDGE		b. 011		c. SOLVENTS			d. CHEMICALS			SOL			f. OTHER
^~	OUNT	A N	TNUO		AMOUNT		AMOUNT		AN	OUNT			AMOUNT	
<u> </u>		_			<u> </u>				_				L	
۱ "	IT OF MEASURE	UN	HT OF MEA	SURE	100	NIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		
L.			Г -		-		_		١.,				_	<del></del>
Ĥ	(1) PAINT. FIGMENTS	.x.	WASTE	.s	'X'	SOLVENTS	×	(I) A CIDS	ř	HEL	Y A 5	H	' X	HARMACEUT.
$\vdash$	121457415	-	10,0245		-		-	-	Н				┝	
	SLUDGES		1(2) OTHER	R(epecify):		(2) NON-HALOGNED.	1	LIQUORS		(2) AS	BES	TOS		ZIHOSPITAL
	(2) POTW					(3) OTHER(specify):	Γ			(2) MIL	1 11	ve/	H	
L	(E. POTW							(8) CAUSTICS				TAILINGS		(3) RADIOACTIVE
	14) A LUMINUM							(4) PESTICIDES	П	FE	FR	ous		
⊢	SLUDGE						L	THE PER PER PER PER PER PER PER PER PER PE	Ц	14'SM	LTC	. WASTES	L	MUNICIPAL
H	(5) OTHER(specify):							IBIDYES/INKS		(5) NO	N-F	ERROUS . WASTES	L	(5) DTHER(specify):
			(6) CYANIDE		16; OT	HEF	(specify):							
l i				T	(7) PHENC: 5									
				(7) PHENOLS										
				(6) HALOGENS										
				(9) PCB										
					(10)METALS									
	5 <b>.</b>						-	(11) OTHER (apecity)						
						*								

				,								
4. ADDITIONAL COMMENTS OR NAM	RRATIVE DE	SCRIPTION O	F SITUATION KNO	OWN OR REPORTED TO EXIST AT THE SITE.								
VI. HAZARD DESCRIPTION												
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (merk 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,dey,yr.)	E. REMARKS								
1. NO HAZARD					Jan 1							
2. HUMAN HEÄLTH												
3. NON-WORKER 3. NON-WORKER												
4. WORKER INJURY												
B. CONTAMINATION OF WATER SUPPLY				v	15							
6. CONTAMINATION												
7. CONTAMINATION OF GROUND WATER												
8. CONTAMINATION 8. OF SURFACE WATER												
P. DAMAGE TO P. FLORA/FAUNA												
10. FISH KILL		6										
11. CONTAMINATION OF AIR												
12. NOTICEABLE ODORS												
13. CONTAMINATION OF SOIL		18										
14. PROPERTY DAMAGE												
15. FIRE OR EXPLOSION				61								
16. SPILLS/LEAKING CONTAINERS/												
17. SEWER, STORM												
18. EROSION PROBLEMS												
18. INADEQUATE SECURITY		4	19									
20. INCOMPATIBLE WASTES												
21. MIDNIGHT DUMPING												
22. OTHER (epocity):												
		1		¥	E. Service							

V STE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCL. WHICH MAY BE ON THE SITE (place in descend, forder of hazard).

	er.		

	20	

Continued From Front				7
		VII. PERMIT INFO	RMATION	
A. INDICATE ALL APPL	CABLE PERMITS NO B	Y THE SITE.	7	
1. NPDES PERMIT	D 2 CDCC BLAN			
194 2010 1	2. SPCC PLAN	3. STATE PERMIT		
4. AIR PERMITS	5. LOCAL PERMIT	6. RCRA TRANSPO	RTER	
7. RCRA STORER	B. RCRA TREATER	9 RCRA DISPOSER		
B. IN COMPLIANCE?	):		··	
T) 1. YES	2. NO	X 3. UNKNOWN		
		y		
4. WITH RESPECT	TO (liet regulation name & n	umber):		
	V	III. PAST REGULATO	RY ACTIONS	
A. NONE	B. YES (summerize I			
o seco sementesen-se		to francista €u.		
<b>*</b> :				
	IX. IN	SPECTION ACTIVITY	(past or on-going)	
A. NONE	B. YES (complete ites	78 1.2.3. & 4 below)		
	2 DATE O			
1. TYPE OF ACT		ON BY:	4. DESCRIPTION	
	(, 55), 6	(27 A) Gible)		
1.				
	<u>X.</u>	REMEDIAL ACTIVITY	(past or on-going)	
A. NONE	B. YES (complete ite	ms 1, 2, 3, & 4 below)		
	2. DATE O	F 3. PERFORMED		
1. TYPE OF ACT	(mo., day, &		4. DESCRIPTION	
		N N		
NOTE: Based on th	e information in Section	ne III through Y 611	out the Braliminan Assessment (Seeding III)	

information on the first page of this form.

PAGE 4 OF 4

-	Been	
7.7	=	PA
1	_	
6		

# POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (10 be an-
2	signed by He

8

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and II Assessment). File this form in the Regional Hazardous Agency; Site Tracking System; Hazardous Waste Enforce	Waste Log File	and sub	mit a copy to: U	.S. Enviro	onmental Protection
1. 5	TE IDENTIFIC	ATION			
A. SITE NAME	processor - 10 per 1000 per 10		ther identifier)	8	
Olin Chemical Corp.		. O. Bo		<b>,</b>	
C. C:TY Brandenburg	D. STA		40108	Mea	de
G. OWNER/OPERATOR (II known) 1. NAME Olin Chemical Corp.				2. TELE	PHONE NUMBER
H. TYPE OF OWNERSHIP					
1. FEDERAL 2. STATE 3. COUNTY	4 MUNICIPAL	<b>XX</b> )5 P	RIVATE :6	UNKNOWN	
I. SITE DESCRIPTION					
open burning pit					
J. HOW IDENTIFIED (I.e., citizen's complaints, OSHA citation	s, etc.)				K. DATE IDENTIFIED  (mo., day, & yr.)
Eckhardt Report					2-25-80
L. PRINCIPAL STATE CONTACT					
1. NAME ,				A 200-00-00-00-00-00-00-00-00-00-00-00-00-	PHONE NUMBER
Mrs. Caroline Patrick Haight				502-	564-6716
II.: PRELIMINARY AS	SESSMENT (con	nplete thi	s section lest)		
IN TAXABLE PARTY VALUE CONTROL OF TAXABLE PARTY CONTROL OF TAXABLE PART	4 NONE	XX UN	IKNOWN		
B. RECOMMENDATION  1. NO ACTION NEEDED (no hexard)	ت	. IMMEDIA	ATE SITE INSPEC	TION NEE	DED
XX 3. SITE INSPECTION HEEDED  a. TENTATIVELY SCHEDULED FOR:		b. WILL I	BE FERFORMED	BY:	<del></del>
b. WILL BE PERFORMED BY:	7 (ultimized 60)	<u>-</u>			
		. SITE IN:	SPECTION NEED!	ED (low pri	ority)
C. PREPARER INFORMATION					
1. NAME	13	. TELEP	HONE NUMBER		3. DATE (mo., day, & yr.)
Donald R. Curry		502-3	84-4734		2-25-80
III.	SITE INFORMA	TION			
A. SITE STATUS  1. ACTIVE (Those industrial or municipal elics which are being used for waste treatment, storage, or disposal on a continuing basis, even if intro-quently.)  2. INACTIVE (Table 2)  **Example 2. INACTIVE (Table 2)  *	er receive (Those	OTHER ( seites the ular or con	t include such incl	idenie like site for wi	"midnight dumping" where sale disposal has occurred.)
B. IS GENERATOR ON SITE?  1. NO XX 2. YES (epo	cily generator's i	ow-digit S	SIC Code):		_
C. AREA OF SITE (In acres) (PTO bloom) D. IF APPARENT S		SITE IS H	IGH, SPECIFY CO		
E. ARE THERE BUILDINGS ON THE SITE! (if IN problem	n area)				

	IV. CHARACTERIZATION OF SITE ACTIVITY											
In	dicate the major site			0.000			vity by marking 'X' ir appropriate boxes.					
. x .	A. TRANSPOR	TEF	×	В.	B. STORER C. TREATER			`	<u>×</u>		. 0	ISPOSER
卜	1. RAIL					1	I. FILTRATION I. LANDFILE					
-	2. SHIP			_	E IMPOUNDMENT .	-	. INCINERATION	_		2 LANDEA	RM	
H	3. BARGE		3. DRU	45		1	. VOLUME REDUCT	PN	××	B. OPEN DI	JMI	•
L	4. TRUCK		4. TAN	4. A	BOVE GROUND	_!	RECYCLING/RECO	VE	RY	4. SURFAC	E ti	MPOUNDMENT
L	5. PIPELINE		S. TAN	K. B	ELOW GROUND	_!	S. CHEM./PHYS. TRE	4 7	MENT	S. MIDNIGH	TI	DUMPING
L	E. OTHER (specify):		6. OTH	ER (	(specify):	1	B. BIOLOGICAL TREA	Th	ENT	E. INCINER	AT	ION
					Ĺ	1	. WASTE OIL REPRO	CE	SSING	7. UNDERG	RO	NOITSELNI DAU
					1	_ !	. SOLVENT RECOVE	RY		S. OTHER	spe	city):
1					1		OTHER (specify):		1			
L												
E	E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED.  Site apparently no longer in use. This was located where there is presently a flare											
1	Site apparer	ntl	y no longer	in	use. This wa	s	located where	th	ere i	presen	t1	y a flare
1	stack.						<b>5</b> 0				GHCH!	- CARACA Testalan (Macanisa)
١												
L											-33	
L					V. WASTE RELAT	ED	INFORMATION				923117	
1^	WASTE TYPE											
	XXI UNKNOWN	72	LIQUID	3. 5	SOLID 4. S	LU	DGE 5. G					
L						_						
1 _	WASTE CHARACTER					929	_					
1 -	Part I	_	STATES STATES AND STATES		2010 Mile Parkeys (2000)		DACTIVE 5 H	G	ILY VOL	ATILE		
L	6. TOXIC	7٦	REACTIVE	B. 1	NERT9. F	LA	MMABLE					
١.	_											
_	10. OTHER (specif	_		_		_		_			_	
C.	. WASTE CATEGORIE 1. Are records of wast	5 es a	vailable? Specify i	tem	s such as manifests, in		stories etc. below					
1							imites, etc. pelow.					
L						_						
	2. Estimate the amo	unt	(specify unit of m	eas	ure) of waste by cate	go	ry; mark 'X' to indic	ale	which v	vastes are p	res	ent.
L	. SLUDGE		b. OIL		c. SOLVENTS	L	d. CHEMICALS		e. so	LIDS		f. OTHER
1^'	MCUNT	^~	OUNT	^	MOUNT	14	THUOM	^	THUON		4	AOUNT
_		_		4		┸		L				
٦	NIT OF MEASURE	UN	IT OF MEASURE	١٠	NIT OF MEASURE	101	UNIT OF MEASURE UNIT		INIT OF MEASURE		UNIT OF MEASURE	
L				1		L						
×.	DPAINT.	.x.	117010	·×	TILL TO GENALED	·×	(1) A CIDS	·×	(1) FLYA	•	.×	LABORATORY
L	PIGMENTS		WASTES		SOLVENTS					.34	Г	PHARMACEUT.
	121METALS		(2) OTHER (epecify	):	(2) NON-HALDGHTD	,]_	12) PICKLING	Г				
L	SLUDGES			L	SOLVENTS		LIQUORS	_	(2) ASBE	STOS		(2) HOSPITAL
	(2) PCTW				(3) OTHER (specify):	Т			(2) MILL	ING/		1
L	(S) PC 1 H			Г			(3) CAUSTICS			TAILINGS		(3) RADIOACTIVE
	(4) ALUMINUM					Г		Г				
	SLUDGE			1			(4) PESTICIDES		(4) FERI	G. WASTES		14) MUNICIPAL
	(5) OTHER(specify):	1		1				Н			-	
Г	T(8) OTHER(specify).	1					(E) DYES/INKS		(5) NON-	FERROUS G. WASTES	H	(5) OTHER (specify)
1								H		R(specify):		
1	ŭ	1		1		16) CYANIDE						
1		1	×	1		$\vdash$	<del> </del>					
1				1		1	(7) PHENOLS	l				
1		1		1		H	<del>                                     </del>					
1		1		1			(8) HALOGENS					
1						-						
1							(9) PC B					
1		1				-	<del> </del>					
1		1					(10) METALS					
1		1		1		$\vdash$						
1				1		H	JULIOTHER (specity)					
1		l		1			50					
											-	

B. POTENTIAL HAZARD (merk 'X')	VI. HAZ  C. ALLEGED INCIDENT (mark-'X')	ARD DESCRIPTION  D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
POTEN- TIAL HAZARD	C. ALLEGED INCIDENT	D. DATE OF INCIDENT (mo., dey, yr.)	
POTEN- TIAL HAZARD	C. ALLEGED INCIDENT	D. DATE OF INCIDENT (mo., dey, yr.)	
		14	
		14	
	5		
	200		
			PAGE 3 OF 4

V 45TE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONC. A WHICH MAY BE ON THE SITE (place in descent order of hazard).

Continued From Front						76
	(c)	V	II. PERMIT INFO	RMATION	100	
A. INDICATE ALL APPL	ICABLE PER				<u> </u>	3.
1. NPDES PERMIT	2. SPC	C PLAN	3. STATE PERMIT	specily):	5	
4. AIR PERMITS	5. LO	AL PERMIT	6. RCRA TRANSPO	RTER		· · ·
7 RCRA STORER	B. RCI	RA TREATER	9 RCRA DISPOSER	content of the second	<b>Y</b>	
10. OTHER (apecil)	r):			*		
B. IN COMPLIANCE?						
1. YES	2. NO		3. UNKHOWN			
4. WITH RESPECT	TO (list regul	ation name & number	ı):			
		VIII. F	PAST REGULATO	RY ACTIONS		
A. NONE	☐ B. YE	S (summarize below	•)			
142 SI				W		
		IX. INSPEC	CTION ACTIVITY	(past or on-going)		
A. NONE	☐ B. YE	(complete items 1,	2,3, & 4 below)			
1. TYPE OF ACT:	VITY	2 DATE OF PAST ACTION (mo., day, & yr.)	3 PERFORMED BY: (EPA/State)		4. DESCRIPTION	
						,
		X. REM	EDIAL ACTIVITY	(past or on-going)		
A. NONE	☐ B. YE	S (complete items 1,	2, 3, & 4 below)			
1. TYPE OF ACT	IVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	•	4. DESCRIPTION	
	_160		100	N N		

information on the first page of this form.

PAGE 4 OF 4

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II)



# POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be ac-

7

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections. GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460. I. SITE IDENTIFICATION A. SITE NAME B. STREET:(or other identifier) 692.02 Hwy. 933 - P. O. Box 547 Olin Chemical Corp. E. ZIP CODE F. COUNTY NAME D. STATE 40108 Brandenburg KY Meade G. OWNER/OPERATOR (II known) 2. TELEPHONE NUMBER Olin Chemical Corp. H. TYPE OF OWNERSHIP 2. STATE 3. COUNTY 4. MUNICIPAL XX PRIVATE 6 UNKNOWN 1. FEDERAL I. SITE DESCRIPTION landfill used for the disposal of fly ash from pulverized coal boilers, lime grits, spent activated clay and waste paper. K. DATE IDENTIFIED J. HOW IDENTIFIED (I.e., citizen'e complaints, OSHA citations, etc.) (mo., day, & yr.) 2-25-80 Eckhardt Report L. PRINCIPAL STATE CONTACT 2. TELEPHONE NUMBER I. NAME Mrs. Caroline Patrick Haight 502-564-6716 II. PRELIMINARY ASSESSMENT (complete this section last) A. APPARENT SERIOUSNESS OF PROBLEM 5: UNKNOWN 2. MEDIUM XX 3. LOW 4 NONE 1. HIGH B. RECOMMENDATION 2. IMMEDIATE SITE INSPECTION NEEDED XX1. NO ACTION NEEDED (no hexard) 3. SITE INSPECTION NEEDED b. WILL BE PERFORMED BY: b. WILL BE PERFORMED BY: 4. SITE INSPECTION NEEDED (low priority) C. PREPARER INFORMATION 3. DATE (mo., day, & yt.) 2. TELEPHONE NUMBER 1. NAME 2-25-80 502-384-4734 Donald R. Curry III. SITE INFORMATION A. SITE STATUS 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.) z. INACTIVE (Those sites which no longer receive 2. INACTIVE (Those XX 1. ACTIVE (Those industrial or numicipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intrewastes.) quently.) B. IS GENERATOR ON SITE? X 2. YES (epecify generator's four-digit SIC Code): ☐ 1. NO C. AREA OF SITE (In acres) (Problem) D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 2. LONGITUDE (deg.-min.-sec.) 1. LATITUDE (deg.-min.-eec.) 7 acres

XIII. NO

E. ARE THERE BUILDINGS ON THE SITE! (if in problem area)

2. YES (epecity):

Co	Continued From Front													
L				٠,	7. 0	CHARACTERIZATION	N	OF SITE ACTIVIT	Y					
	dicate the major sit	e a			ils	relating to each ac	tiv	ity by marking 'X' i	n	) app	ropi	iste boxe	s.	
×.	A. TRANSPOR	TEF	1	×	в.	STORER	×	C. TREATE	R		'X'	1	D. (	DISPOSER
_	1. RAIL	1. PIL					1	. FILTRATION	_		X	1. LANDF	LL	
-	2. SHIP					MPOUNDMENT	-	. INCINERATION				2. LANDFARM		
H	3. BARGE	-		3. DRUMS	_		-	. VOLUME REDUCT	_			OPEN D	UM	Р
<u> </u>	4. TRUCK 5. PIPELINE				-	OVE GROUND	-	RECYCLING/RECO	_			4. SURFAC		MPOUNDMENT
⊢	6. OTHER (specify):	_		6. OTHE	_	LOW GROUND	$\neg$	CHEM./PHYS. TRE	_		_	S. MIDNIG	_	
-	a. OTHER (Specify)		t	المراجع المراجع	4 1-	Feeling):	_	. BIOLOGICAL TRE	_			6. INCINE	_	
			1			F	_	SOLVENT RECOVE	_				_	NOITOBLAI DAUG
			1			F		O. OTHER (specify):		-	-	8. OTHER	( <b>*</b> P	ocity):
	E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED													
	Landfill rece	ive	s fly	ash fro	om	pulverized co	oa:	l boilers, lim	ne	grit	s,	spent		
1	activated cla	уг	ind wa	ste pape	er	•				-	E892			
-					-									
A.	WASTE TYPE					V. WASTE RELATE	ED	INFORMATION						
	] I UNKNOWN	]2.	LIQUID	XX33	. sc	OLID 524. SI	LU	DGE5. G	AS					
В.	WASTE CHARACTE												_	
	The second of th	]2.	CORROS	IVE 3	. 10	NITABLE 4. R	AD	IOACTIVES H	IGH	ILY VO	LA	TILE		
Ĺ	6. TOXIC	]7	REACTI	VE8	. IN	ERT9 F	LA	MMABLE						
٦,	¬													
1	WASTE CATEGORIE	-					-		_					
1	Are records of wast	5 •• •	vailable?	Specify ite	ms	such as manifests, in	ven	ntories, etc. below.						
2	2. Estimate the amo	unt	(specify	unit of mea	seu	re)of waste by cate	201	v: mark 'X' to indic	ate	which	ws	etes are r		
	a. SLUDGE		ь. о	(30000)	c. SOLVENTS			d. CHEMICALS	T		SOL		T	
AM	TNUO	AM	OUNT		AMOUNT		AN	MOUNT	A	HOUNT		.03	AN	I. OTHER
Ļ		L	=		L,		L							
U.	NIT OF MEASURE	UN	T OF ME	EASURE	UN	IT OF MEASURE	UNIT OF MEASURE UNIT		UNIT OF MEASURE		UNIT OF MEASURE			
L.,			2		Ļ		L							
X.	(1) PAINT, PIGMENTS	X,	(1) OILY	ES	, X,	INHALOGENATED SOLVENTS	'×'	(1) A CIDS	·×	(1) FL	Y A 5	н	.×	11) LABORATORY
Н		Н			Н		1	The STATE INCOMESSION OF	1				L	PHARMACEUT.
	SLUDGES	H	(2) OTHE	ER(specify):		(2) NON-HALOGNED. SOLVENTS	1	(2) PICKLING LIQUORS		(2) AS1	BES	TOS		(2) HOSPITAL
	(3) POTW			,		(3) OTHER(specify):				(3) MIL	LIN	101	$\vdash$	1
H	137701				- 600	18 EN 1850	L	(3) CAUSTICS				AILINGS		(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE			1				(4) PESTICIDES		(4) FE	RRC	US . WASTES		(4) MUNICIPAL
	(5) OTHER(specify):						-	-	$\vdash$		-	_	$\vdash$	8 178
	(5) O I HERITAGE						L	(B) DYES/INKS	L			ERROUS . WASTES	卜	(B) OTHER (specify):
	뢴							(6) CYANIDE	H	(6) O T	HEH	(specity):		
				1				(7) PHENOLS						
				1		4	H	(8) HALOGENS						
				I			L	THE STATE OF THE S						
								(9) PCB						
				9				(10) METALS						
								(11) OTHER (epecity)						
													l	73

		STE RELAT	ED INFORMATIO	N (continued)
3. LIST SUBSTANCES OF GREATES	T CONCERN	WHICH MAY	E ON THE SITE (P	lace in descending order of hezerd).
4. ADDITIONAL COMMENTS OR NAR	RATIVE DE	SCRIPTION O	F SITUATION KNOW	NO OR REPORTED TO EXIST AT THE SITE.
		12		
		V/ HA7	ARD DESCRIPTI	AN .
	В.		955 NOVEMBER - 1885	
A. TYPE OF HAZARD	POTEN- TIAL HAZARD	ALLEGED INCIDENT	D. DATE OF	E. REMARKS
	(mark 'X')	(mark 'X')	(mo.,day,yr.)	
1. NO HAZARD	X			
2. HUMAN HEALTH				The state of the s
NON-WORKER .				
4. WORKER INJURY				
CONTAMINATION				
B. OF WATER SUPPLY			11	
6. CONTAMINATION OF FOOD CHAIN				
OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
OF GROOM HATER		-		
S. CONTAMINATION S. OF SURFACE WATER			TV.	
		-		
9. FLORA/FAUNA	1			
10. FISH KILL				
11. CONTAMINATION				
12. NOTICEABLE ODORS	60 20 80			
18. CONTAMINATION OF SOIL		11		
14. PROPERTY DAMAGE				
TAL PROFER TO DAMAGE				
18. FIRE OR EXPLOSION	((			
			-	
16. SPILLS/LEAKING CONTAINERS/	(#)	1		
17. DRAIN PROBLEMS				
IA EROSION PROBLEMS				
18. EROSION PROBLEMS		*		
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (epecity):				
700000000000000000000000000000000000000			DAGE 2 OF A	Continue On Reverse

Continued From Page 2

Continued From Front				<b>©</b> /	•
			II. PERMIT INFO	PHATION	
A. INDICATE ALL APPLI	CABLE PER	MITS HELD BY TH	E SITE.	VICTOR 110N	
1. NPDES PERMIT	☐ 2. SPC	CPLAN XX	3. STATE PERMIT	(*pecify): Landfill Permit #082.(	
4. AIR PERMITS					
			6. RCRA TRANSPO		
7. RCRA STORER	B. RCF	RA TREATER	9. RCRA DISPOSE	3	
10. OTHER (specify)	:			8	
B. IN COMPLIANCE?	32 <u>2222</u>	V-1			
XI. YES	2. NO		3. UNKNOWN		
4. WITH RESPECT T	O (llat regul	etion name & numbe	Ky. Solic	d Waste Regulations	
		VIII, I	PAST REGULATO	RY ACTIONS	
A. NONE	B. YE	S (summarize below	)		
s:					
		IX. INSPE	CTION ACTIVITY	(past or on-going)	
A. NONE	B. YES	(complete items 1,	2,3, & 4 below)		
1. TYPE OF ACTIV	''TY	2 DATE OF PAST ACTION (mo., dey, & yr.)	3 PERFORMED BY: (EPA/State)	4. DESCRIPTION	
monthly inspec	ctions				
ļ		X. REM	EDIAL ACTIVITY	(past or on-going)	
X A. NONE	8. YE	(complete items 1,	2, 3, & 4 below)		
I. TYPE OF ACTIV	/ITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION	
				3	

information on the first page of this form.

PAGE 4 OF 4

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II)



## POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

	NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE PERSON A	
REGION	SITE NUMBER (10 be as	=
	eigned by Hq)	

submitte	d on this	form is b	eted for each	potential hazardor able records and m	is waste site to ay be updated or	help set priorities subsequent form:	for site inspection. s as a result of addit	The information tional inquiries
end on-	ite inspe	ctions.						

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION											
A. SITE NAME	The second contract of the second	other identifier)		18							
Olin Chemical Corp. P. O. Box 547											
C. CITY	D. STATE	40108	F. COUNTY NAME Meade								
Brandenburg G. OWNER/OPERATOR (II known)	KY	40108	меа	iue							
I. NAME			2. TELE	PHONE NUMBER							
Olin Chemical Corp.											
Plant Company											
H. TYPE OF OWNERSHIP  1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL XX5 PRIVATE 6 UNKNOWN											
I. SITE DESCRIPTION											
Incinerator											
J. HOW IDENTIFIED (i.e., citizen'a complaints, OSHA citations, etc.	,			K. DATE IDENTIFIED (mo., day, & yr.)							
Pakhardt Danart				2-25-80							
Eckhardt Report				2-23-00							
L. PRINCIPAL STATE CONTACT			2. TELE	PHONE NUMBER							
Mrs. Caroline Patrick Haight			502-	564-6716							
II. PRELIMINARY ASSESSI	MENT (complete t	his section last)	302								
A. APPARENT SERIOUSNESS OF PROBLEM	MENT (complete, t	====									
	NE 🔀s. I	JNKNOWN									
B. RECOMMENDATION											
1. NO ACTION NEEDED (no hezerd)	2. IMMED	TAT VELY SCHEDU	TION NEE	EDED							
3. SITE INSPECTION NEEDED  a. TENTATIVELY SCHEDULED FOR:	b. WILL	BE PERFORMED	BY:								
b. WILL BE PERPORMED BY:	-										
<u>a</u>	4. SITE I	NSPECTION NEEDS	ED (low pr	iority)							
•											
			-								
C. PREPARER INFORMATION 1. NAME	( 2. TELE	PHONE NUMBER		3. DATE (mo., day, & yr.)							
Donald R. Curry	502	-384-4734		2-25-80							
The state of the s	INFORMATION										
A. SITE STATUS											
Native (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intrequently.)    Native (Those sites which no longer receives wastes.)	3. OTHER (Those sites to no regular or o	hat include such inc.	idente like site for w	"midnight dumping" where agte disposal has occurred.)							
B. IS GENERATOR ON SITE?			H 100								
1. NO XX 2. YES (epecify generator's fow-digit SIC Code):											
C. AREA OF SITE (In acres) (problem) D. IF APPARENT SERIOL	-••c.)	HIGH, SPECIFY CO	ORDINAT	ES min.—sec.)							
E. ARE THERE BUILDINGS ON THE SITE? (if in problem an	ea)			-							
1. NO 2. YES (epecity):											

Continued From Front														
Ļ					·" <u>.                                    </u>	CHARACTERIZATI	ON	OF SITE ACTIVIT	Y					
In	dicate the major sit	e a			∡il	s relating to each ac	ctiv	vity by marking 'X'	in	# appi	ropi	iste boxe	٠.	
Ě	A. TRANSPOR	TE	R	×1	В.	STORER	C. TREATER				Χ.	ı	). t	DISPOSER
$\vdash$	1. RAIL		<del></del> -}	1. PILE			-+	I. FILTRATION				I. LANDFI	LL	77
$\vdash$	3. BARGE	_	$\rightarrow$	3. DRUM	_	MPOUNDMENT	-	2. INCINERATION			_	2. LANDE	-	
-	4. TRUCK	_	-+		_	OVE GROUND	_	3. VOLUME REDUCT	_		3. OPEN DUMP			
-	5. PIPELINE				_	LOW GROUND	-	A. RECYCLING/RECO	_				MPOUNDMENT	
$\vdash$	6. OTHER (specify):		$\overline{}$				5. CHEM./PHYS. TREATMENT				_	S. MIDNIGH	_	
			T		6. OTHER (apecify):			7. WASTE OIL REPROCESSING				. INCINER	_	NOITSELNI DNUC
						- I	8. SOLVENT RECOVERY			-	OTHER	_		
								P. OTHER (specify):						ecity).
							689			1				
Ļ	SPECIFY DETAILS	25			~ 21		_		_					
								AND THE STATE OF T		14.6502			810	
11	ncinerator us	ea	to in	cinerate	e (	decipe - a che	em:	ical waste fro	om	plan	t (	operati	on	1.
	ALL													
			8880											
						V. WASTE RELATI	<b>E</b> D	INFORMATION					-	
A.	WASTE TYPE					V. HASIE REENI	Ev	INFORMATION			-			
G	XX UNKNOWN	]2.	LIQUID	3	. s	OLID4. SI	LU	DGE5. G	AS					
В.	WASTE CHARACTE	RIS	TICS	- Series and Series an			_							
10.00				IVE3	. 10	SNITABLE4. R	AD	DIOACTIVE S H	1161	41 Y VO		*11 E		
			REACTIV					MMABLE		161		116		
	2079 an waste			300 300 300 300 300 300 300 300 300 300		\$772,28665 H =	- <del></del>							
	10. OTHER (specif	y):			_			The state of the s						
C.	WASTE CATEGORIE	S	evailable?	Specify its		such as manifests, in			-			-	-	<del></del>
		•	Ivan-c.v,	specify i.e	eme	such as manifests, in	ver	ntories, etc. below.						
L.							28			_				
1	Estimate the amo	unt			esu	re)of waste by cate	gos	ry; mark 'X' to indic	ate	which	wa	stes are p	res	sent.
	a. SLUDGE	L	b. 01	C. SOLVENTS			L	d. CHEMICALS	L	. e. S	3-37			1. OTHER
	IOUN I	<b> ^</b> ~	IOUNI	1	AMOUNT		AMOUNT		THUON			AN	THUON	
UN	NIT OF MEASURE	UN	IT OF ME	ASURE	RE UNIT OF MEASURE		UNIT OF MEASURE UNIT		UT OF			UNIT OF US		
				N Statement	20000	ADDI STATE SETEMBERS STUDENTER	UNIT OF MEASURE UNIT O			NII OF	ME	ASURE	U	IT OF MEASURE
×	(I) PAINT.	×	(1) OILY		.x.	(1) HALOGENATED	·×		١.,	·	_		L	г
	PIGMENTS		WAST	ES		SOLVENTS	۲	(1) A CIDS	ř	(1) FLY	AS	н	. X.	(1) PHARMACEUT.
	12) METALS		(2) OTHE	R(specify):		12) NON-HALDGHTD.	T	(2) PICKLING	H			1000	-	
Н	SLUDGES			123 590000	L	SOLVENTS	L	LIQUORS		(2) ASE	ES	TOS		(21HOSPITAL
	(3) POTW				L	(3) OTHER(specify):		ISICAUSTICS		(3) MIL				
Н				İ			L	10.0201.02	L			AILINGS		(3) RADIOACTIVE
	SLUDGE							(4) PESTICIDES		14) FEF	RRC	US . WASTES		(4) MUNICIPAL
(5) OTHER(epecify):						-	(5) DYES/INKS	t	<del>                                     </del>		ERROUS WASTES		(5) OTHER (specify):	
						$\vdash$		$\vdash$			· WASTES (specify):		S. 14. Title - B.P.M. Ton Transcribe technic	
* • .						as a	L	(6) CYANIDE	Γ					
187		8					(7) PHENOLS							
							(8) HALOGENS	1						
						$\vdash$	<del> </del>	ł						
						L	(9) PCB							
					)		(10) METALS							
							(11) OTHER (specify)							
					0.00				2			1		
9	,						Ĭ					1		

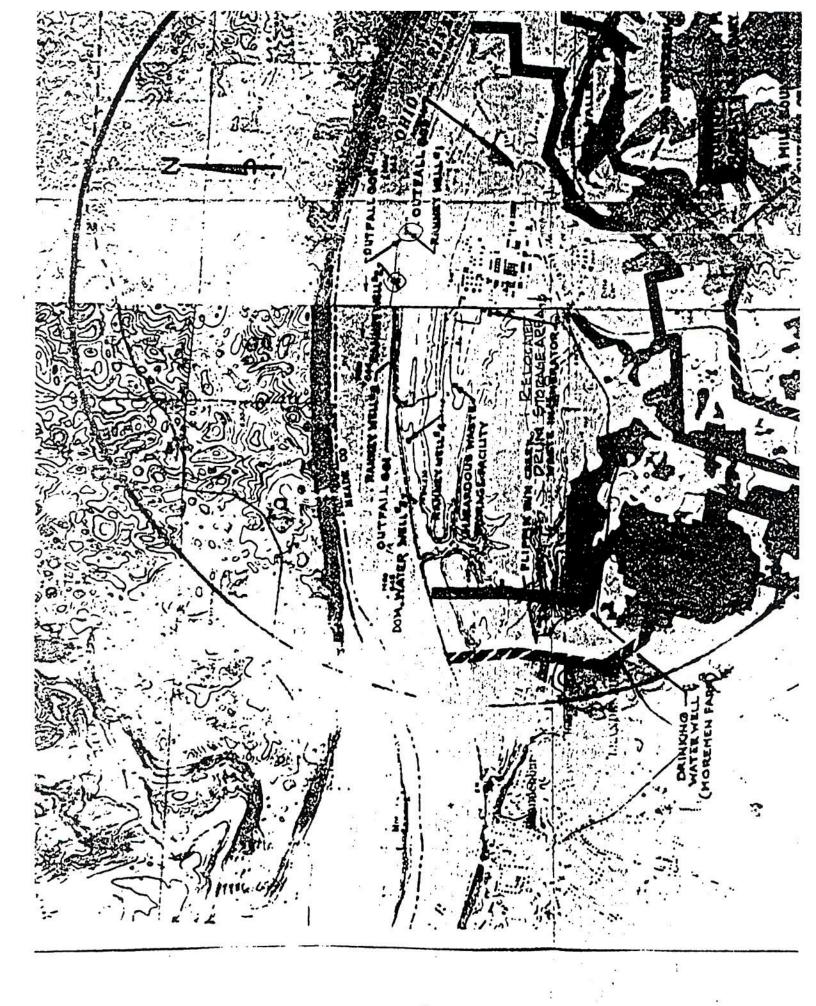
· 3. LIST SUBSTANCES OF GREATES	T CONCERN	WHICH MAY	BE ON THE SITE (	place in deacending order of hazard).						
10				a 9						
4. ADDITIONAL COMMENTS OR NAR	RATIVE DE	SCRIPTION O	F SITUATION KNO	WN OR REPORTED TO EXIST AT THE SITE.						
VI. HAZARD DESCRIPTION										
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (merk 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS						
1. NO HAZARD		:-:	\$20 per 1 per 3		- 1					
2. HUMAN HEÄLTH										
3. NON-WORKER INJURY/EXPOSURE					F132024 647 370 2					
4. WORKER INJURY										
B. CONTAMINATION D. OF WATER SUPPLY					-					
6. CONTAMINATION 6. OF FOOD CHAIN										
7. CONTAMINATION OF GROUND WATER										
B. CONTAMINATION B. OF SURFACE WATER										
P. DAMAGE TO FLORA/FAUNA										
10. FISH KILL										
11. CONTAMINATION OF AIR										
12. NOTICEABLE ODORS										
13. CONTAMINATION OF SOIL		đ								
14. PROPERTY DAMAGE				P						
15. FIRE OR EXPLOSION										
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS										
17. SEWER, STORM DRAIN PROBLEMS										
18. EROSION PROBLEMS										
19. INADEQUATE SECURITY										
20. INCOMPATIBLE WASTES										
21. MIDNIGHT DUMPING										
2 2. OTHER (specify):										
81			•							

ASTE RELATED INFORMATION (continued)

Continued From Page 2

Continued From Front	and the second				**	÷
			VII. PERMIT INFO	RMATION	,	· · · ·
A. INDICATE ALL APPLI	CABLE PER	MITS HELD BY T				
		are and according				
1. NPDES PERMIT	\$ <u>0.000</u> 10 000 000		3. STATE PERMIT(	specify):		
4. AIR PERMITS	5. LOC	CAL PERMIT	6. RCRA TRANSPO	RTER		
7. RCRA STORER	8. RCF	RA TREATER	9. RCRA DISPOSER	1		
10. OTHER (specify)	):					
B. IN COMPLIANCE?	701 (Fre.2-3)	8				
1. YES	2. NO		3. UNKNOWN			
4. WITH RESPECT T	ro (list regul	ation name & numi	ber):			
		VIII	PAST REGULATOR	RY ACTIONS		
A. NONE	B. YE	ES (summerize belo	) (wo			
)) ()						
			•			
		IX. INSP	ECTION ACTIVITY	(past or on-going)		
A. NONE	B. YES	(complete items )	1,2,3, & 4 below)	W TI WE-FERSTON		
1. TYPE OF ACTIV	// **	2 DATE OF PAST ACTION (mo., day, & yr.)	3 PERFORMED BY: (EPA/State)		4. DESCRIPTION	
					500 75 CO	
		X. RE	MEDIAL ACTIVITY	(past or on-going)		
A. NONE	☐ B. YE	S (complete items .	1, 2, 3, & 4 below)	- X	30 ° °	
1. TYPE OF ACTIV	VITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)		4. DESCRIPTION	
		on in Sections :		out the Preliminar	ry Assessment (Section II)	

PAGE 4 OF 4



Ca	Lose Land
12.34	
Car	- u H

## PO !TIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (10 be as-
TT	eigned by Hay

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.									
I. SITE IDENTIFICATION									
a. site name	B. STREET (or other identifier)								
Brandingur, D. STATE E. ZIP CODE F. COUNTY NAME									
1. NAME									
Plant Manager - Lean Anzie	502/422-2101								
H. TYPE OF OWNERSHIP ?	CIPAL \$\overline{\text{\text{\$\sigma}}} 5 PRIVATE \$\overline{\text{\$\sigma}} 6 UNKNOWN								
Sharpe Pit									
J. HOW IDENTIFIED (I.e., citizen's complaints, OSHA citations, etc.)  SEA France chemicals in Ohio River and hells  [mio., day. & yr.)  1/5-/26									
L. PRINCIPAL STATE CONTACT	1 . / . / . /								
1. NAME	2. TELEPHONE NUMBER								
II. PRELIMINARY ASSESSME	NT (complete this section last)								
A. AF PARENT SERIOUSNESS OF PROBLEM									
☐1. HIGH ☐2. MEDIUM ☐3. LOW									
B. RECOMMENDATION    1. NO ACTION NEEDED (no hezerd)	2. IMMEDIATE SITE INSPECTION NEEDED  TENTAT VELY SCHEDULED FOR:								
3. SITE INSPECTION NEEDED  a. TENTATIVELY SCHEDULED FOR:	b. WILL BE PERFORMED BY.								
b. WILL BE PERFORMED BY:	4. SITE INSPECTION NEEDED (low priority)								
C. PREPARER INFORMATION									
1. NAME Pan / Amato	404/881-3616 3. DATE (MOI, day, & yr.)								
	FORMATION								
A. SITE STATUS  1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)	3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)								
	retor's four-digit SIC Code):								
D. IF APPARENT SERIOUSNE	ESS OF SITE IS HIGH, SPECIFY COORDINATES  E.)  2. LONGITUDE (degm/n20c.)								
E. ARE THERE BUILDINGS ON THE SITE!									

-	IV. CHARACTERIZATION OF SITE ACTIVITY  Indicate the major site activity(ies) and c											
- X	T	te activity	Ty I and c	.1s relating to each activity by marking			appropriate boxe			ς.		
	A. TRANSPOR	RTER	Ĥ	B. STORER		C. TREATER				D. DISPOSER		
-	1. RAIL		I PILE		-	1. FILTRATION		-	I. LANDF			
-	3. BARGE		3. DRUM	ACE IMPOUNDMENT	-	3. VOLUME REDUCT	125	-	J. OPEN D			
-	4. TRUCK				-			2.2				
	S. PIPELINE		<del></del>	BELOW GROUND	-	S. CHEM./PHYS. TRE			S. MIGNIG		MPOUNDMENT	
-	6. OTHER (specify)			R (specify):	+	6. BIOLOGICAL THE			E THE NE			
-	jo. o i i En i spice.	9	J. OTHE	T (specify)	-	7. WASTE OIL REPR		-			NOITOBLE ORUC	
				ŀ	-	8. SOLVENT RECOVE		<del></del>				
					_	9. OTHER (specify)					,	
E.	Clin used to collect bis-etter in an open pit and precionally											
_				V. WASTE RELAT	ED	INFORMATION						
C	UNKNOWN D		3	. SOLID4. S	LU	DGE5. G	AS					
		2. CORROS		.IGNITABLE 4 R			IGHLY VO	LA	TILE			
	WASTE CATEGORIE		Specify its	ems such as manifests, in	ver	ntories, etc. below.						
2	. Estimate the amo	unt(specify	unit of me	asure)of waste by cate	go	y; mark 'X' to indic	ite which	wa	stes are p	res	sent.	
	a. SLUDGE	ь. с	)IL	c. SOLVENTS	$\rfloor$	d. CHEMICALS	e. 9	OLI	DS		I. OTHER	
AM	OUNT	AMOUNT		AMOUNT		P. /	AMOUNT			AN	MOUNT	
UN	IT OF MEASURE	UNIT OF ME	A SURE	UNIT OF MEASURE		UNIT OF MEASURE UN		UNIT OF MEASURE		2	IT OF MEASURE	
x.	(1) PAINT, PIGMENTS	X' (1) OIL Y	Es	'X' (1) HALOGENATED SOLVENTS	·×	111 A CIDS	X	A 5	· ·	· x	HARMACEUT.	
	121 METALS SLUDGES	(210THE	ER(specify).	(2) NON-HALOGNTD. SOLVENTS	1	(2) PICKLING LIQUORS	(2) A 5 E	3 [ 5	105		(2) HOSPITAL	
	(3) POTW			(3) OTHER(specify)		(3) CAUSTICS	131MIL MIN		G/ AILINGS		(3) RADIOACTIVE	
	(4) A LUMINUM SLUDGE					(4) PESTICIDES	141 FEI	TG	US WASTES		(4) MUNICIPAL	
لــ	(5) OTHER(specify):				L	(5) DYES/INKS	15, NO	. T G	ERHOUS . WASTES	-	(5) OTHER(specify):	
						161 CYANIDE	161071	1E F4	(specify):			
				8		(7) PHENOLS						
						(8) HALOGENS						
						(9) PCB						
						(10) ME TALS			E:			
			3000 and a			(11) ОТНЕВ(«pecity) ; 5 - Е. Ц. /						

	V. WA	STE RELAT	ED INFORMATIO	ON (continued)					
3. LIST SUBSTANCES OF GREATEST CON IN WHICH MAY BE ON THE SITE (place in deace in order of hexard).									
				8					
4. ADDITIONAL COMMENTS OR NAF	RRATIVE DES	CRIPTION O	F SITUATION KNO	WN OR REPORTED TO EXIST AT THE	SITE.				
		VI. HAZ	ARD DESCRIPTI	ION					
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day.yr.)	E. REMARKS					
1. NO HAZARD									
2. HUMAN HEALTH									
3. NON-WORKER 1NJURY/EXPOSURE									
4. WORKER INJURY				И					
5. CONTAMINATION OF WATER SUPPLY									
6. CONTAMINATION OF FOOD CHAIN									
7. CONTAMINATION OF GROUND WATER		28							
8. CONTAMINATION OF SURFACE WATER									
9. DAMAGE TO FLORA/FAUNA									
O. FISH KILL									
II. CONTAMINATION									
12. NOTICÉABLE ODORS									
13. CONTAMINATION OF SOIL									
14. PROPERTY DAMAGE									
15. FIRE OR EXPLOSION									
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS									
17. SEWER, STORM DRAIN PROBLEMS									
18. EROSION PROBLEMS									
19. INADEQUATE SECURITY									
20. INCOMPATIBLE WASTES									
21. MIDNIGHT DUMPING									
2. OTHER (specify):									
PA Fem T2070-2 (10-70)				l					

		VII. PERMIT INFO	DRMATION							
A. INDICATE ALL APPLI	A. INDICATE ALL APPLICABLE PERMITS HE BY THE SITE.									
1 NPDES PERMIT	2 SPCC PLAN	3. STATE PERMIT	(specify):							
T 4 AIR PERMITS	5 LOCAL PERMIT	5 PORA TRANSPO	R*5R							
No. 20	B RCRA TREATER									
10. OTHER (specily)	1:									
B. IN COMPLIANCE?	2 NO	X 3. UNKHOWN								
4. WITH RESPECT T	TO (list regulation name & nur	mber)								
	VI	II. PAST REGULATO	RY ACTIONS							
A. NONE	B. YES (summarize be	low)								
*										
	IX. INSI	PECTION ACTIVITY	(past or on-going)							
A NONE										
1. TYPE OF ACT'V	2 DATE OF PAST ACTION (mo., day, & yr.		4. DESCRIPTION							
	X. R	EMEDIAL ACTIVITY	(past or on-going)							
A. NONE	B. YES (complete items									
1. TYPE OF ACTIV	2. DATE OF	3. PERFORMED BY:	4. DESCRIPTION							
*		4								
	information in Sections		out the Preliminary Assessment (Section II)							

PAGE 4 OF 4

	II. INVESTIGATIV	/E ACTIVITY	Y NEEDED	and PART	B-PRO	POSED INVE	STICATIV	E ACTIV	ITY (Continued)
11)			1.				•	h man.	
(2)	-		7		7 -		2000A ** 00	- ADEC ADEC ADEC	
e. OTHER (spe	ecity)				+				2
<u> </u>		-			+ -	-			
(2) C. ELABORATE	- ANY OF THE	CORMATIC	2704105	··· DART	1				
C. ELABORATE INVESTIGAT	E ON ANY OF THE TIVE WORK.	INFORMATIC	N PROVIDE	) IN PART	B (on tre-	m: & above) As	NEEDEU	TO IDENTI	FY ADDITIONAL
TOTIMATED	OUDS BY A	AGEN							
	MANHOURS BY AC		MANHOURS	FOR	T				2. TOTAL ESTIMATED MANHOURS FOR
1. AC	TION AGENCY		INVESTIGAT ACTIVIT	TIVE		1. ACTION A	GENCY		INVESTIGATIVE ACTIVITIES
a. EPA					b. STA		-		
c, EPA CONTR	RACTOR		The state of the s		d. 011	HER (specify)			
				REMEDI.					
A. SHORT TERM	M/EMERGENCY ST	RATEGY (On water supply,	Site & Off-Sir etc. See inst	te): List of tructions fo	(1 emerger or a list of	ncy actions need f Key Words for	ded to brin	g site under	er immediate control, e.g., re- be used in the space below.
		2. EST. START	3. EST. END	ACTION A	AGENCY			6. SPECIF	FY 311 OR OTHER ACTION;
1. 40	CTION	DATE (mo,day,&yr)	DATE (mo,day,&yr)	(EPA, St	State,	5. ESTIMATE	D COST	INDICA	ATE THE MAGNITUDE OF HE WORK REQUIRED
						\$			
						s	13.557		
						s			
						\$			
						\$			
	***					\$			
B. LONG TERM See instruction	STRATEGY (On Sit	ite & Oll-Site): y Words for eac	List all lon	g term solu	itions, e.g	z., excavation, r	removal, gr	ound water	monitoring wells, etc.
		2. EST.	3. EST.	4.	,	r -		T	
1. AC	CTION	START DATE (mo,day,&yr)	END DATE (mo,day,&yr)	(EPA, S Private F	State	5. ESTIMATE	D COST	INDICA	FY 311 OR OTHER ACTION; ATE THE MAGNITUDE OF HE WORK REQUIRED
						s			
						\$			
						s			
						\$			
						\$			
						s			
	MANHOURS AND C	COST BY ACT	ION AGENCY	<i></i>				L	
	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL	EST. COST	1	ACTION	AGENCY	2. TOTAL MANHOU REME ACTIVI	DIAL	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
R. EPA				b. 5T	ATE		1		REIDENIAL ASSISTANCE
C. PRIVATE				d. 0T	THER (spe	icity)			



#### POTENTIAL HAZARDOUS WASTE SITE

REGION	SITE NUMBER (to be se-
TV	

IDENTI	FICATION AND PRELIMI	NARY ASSESSME	ENT	IV						
NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.										
GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.										
	I. SITE IDE	NTIFICATION								
A. SITE NAME		B. STREET (or other	r identifier)							
C. CITY Brandenbury		D. STATE E.	ZIP CODE	F. COUNT	TY NAME					
G. OWNER/OPERATOR (If Mown)  1. NAME  Di   AA	1 1				HONE NUMBER					
H. TYPE OF OWNERSHIP	Leon Hazia	n 0		502/	422-2101					
1. FEDERAL 2. STATE	3. COUNTY 4 MUNIC	CIPAL \$25 PRIV	ATE 6	JNKNOWA						
Shinge Pit										
J. HOW IDENTIFIED (i.e., citizen's comp	plaints, OSHA citations, etc.)				K. DATE IDENTIFIED					
	als in Odie Ri.	er and he	115		(mo., day, & yr.) 1/5-/?9					
1. NAME  2. TELEPHONE NUMBER										
11.	PRELIMINARY ASSESSMEN	NT (complete this s	section last)							
A. AFPARENT SERIOUSNESS OF PROBLEM  1. HIGH 2. MEDIUM 3. LOW 4 NONE 5 UNKNOWN										
B. RECOMMENDATION										
1. NO ACTION NEEDED (no hezerd	) -	2. IMMEDIATE	E SITE INSPEC VELY SCHEDU	TION NEED	DED					
3. SITE INSPECTION NEEDED	OR:	b. WILL BE	PERFORMED E	BY:						
S. WILL BE PERFORMED BY:		4. SITE INSPE	ECTION NEEDE	D (low prio	rity)					
C. PREPARER INFORMATION		12. TELEPHO	NE NUMBER	1	3. DA FE (mo., day, & yr.)					
1. NAME Paul Amako			81-3016		2/15/80					
	III. SITE IN	FORMATION								
A. SITE STATUS  1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infre-	2. INACTIVE (Those dies which no longer receive wester.)	3. OTHER (spe (Those sites that in no regular or contin	clude such inci	denta liko ' aito lor wat	'midnight dumping'' where ite disposal has occurred.)					
quently.)										
B. IS GENERATOR ON SITE?	8									
	2. YES (apacily gener	ator's four—digit SIC	Code):							
B. IS GENERATOR ON SITE?	D. IF APPARENT SERIOUSNE  1. LATITUDE (dogminsec	ESS OF SITE IS HIGH	-	ORDINATE DE (degm	S in.—sec.)					
B. IS GENERATOR ON SITE!  1. NO  C. AREA OF SITE (In acres)	D. IF APPARENT SERIOUSNE  1. LATITUDE (degminsec	ESS OF SITE IS HIGH	SPECIFY CO	ORDINATE DE (degm	S nin.—sec•)					

-				V. CHARACTERIZATI							
	licate the major site	e activity(i	es) and det	ails relating to each ac	activity by marking 'X' in the appropriate boxes.						
. x .	A. TRANSPOR	TER	×	B. STOPER	×	C. TREATE	R	. x .		D. DISPOSER	
L	I. RAIL	· · · · ·	1. PILE			. FILTRATION			I. LANDFI	LL	- <u> </u>
_	Z. SHIP		2. SUNF	ACE IMPOUNDMENT	_	2. INCINERATION			2. LANDE	ARA	1
⊢	3. BARGE		3. DRUM	s	1	. VOLUME REDUCT	ON	X	. OPEN D	UM	Р
<u> </u>	4. TRUCK		4. TANK	A BOVE GROUND	1	4. RECYCLING/REC	VERY		4. SURFAC	E	MPOUNDMENT
L	5. PIPELINE			BELOW GROUND	4	S. CHEM./PHYS. TRE	ATMENT		5. MIDNIGH	1 T	DUMPING
-	6. OTHER (specify):		6. OTHE	R (specify):	4	. BIOLOGICAL TRE	ATMENT		6. INCINER	T A F	101
				1	-	7. WASTE OIL REPRO			7. UNDER	GRO	NOITOBLAI ONU
				1		S. SOLVENT RECOVE	RY		8. OTHER	(sp	ecity):
				Ī	'ل	9. ОТНЕЯ (specify):					
E.	E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED  Clin used to collect bis -etter in an open pit and periodice lly burn it										
	WASTE TYPE			V. WASTE RELAT	ED	INFORMATION					
		<b>1</b>									
	] I UNKNOWN	•	3	SOLID 4. S	LU	DGE5. G	AS				
	WASTE CHARACTER		IVE C	.IGNITABLE4 R						50/200	
1		]7 REACTI		INERT 9 F			IGHLY VO	)LA	TILE		
۱ ۷	No lovic	T) KEVCII	ال ۱۷۰	INER!	LA	MMABLE					
	10. OTHER (specify):										
c,	C. WASTE CATEGORIES										
١,	1. Are records of wastes available? Specify items such as manifesis, inventories, etc. below.										
_	Yes										
2	. Estimate the amou	unt(specify	unit of me	asure)of waste by cate	go	ry; mark 'X' to indic	ate which	wa	stes are p	res	ent.
<u> </u>	a. SLUDGE	ъ. С	)IL	c. SOLVENTS	L	d. CHEMICALS	٠.	SOL	IDS		f. OTHER
^~	OUNT	AMOUNT		AMOUNT	^^	Unknown	AMOUNT			AN	THUON
UN	TOF MEASURE	UNIT OF MI	EASURE	UNIT OF MEASURE	Ur	NIT OF MEASURE	UNIT OF	ME	ASURE	UN	IT OF MEASURE
L.,											
. x.	(1) PAINT, PIGMENTS	X' (1) OIL Y		'X' (1) HALOGENATED SOLVENTS	×	(1) A CIDS	'X IIIFL	YAS	н	· ×	HABORATORY
	121 METALS SLUDGES	(2) OTH	ER(specify):	(2) NON-HALOGNED SOLVENTS		(2) PICKLING	(2) AS	BES	TOS		(2) HOSPITAL
	(3) POTW			(3) OTHER(specify)	+	<u> </u>	(3) MIL	LIN	.G/	H	
	(4) A LUMINUM			28	-	131 CAUSTICS	MIT	4E T	AILINGS	_	(3) RADIOACTIVE
	SLUDGE				L	(4) PESTICIDES	(4) FE	RRC	. WASTES		(4) MUNICIPAL
_1	(5) OTHER(specify):	Í				151 DYES/INKS	15, NO	N-F	ERROUS . WASTES		(8) OTHER(specify):
					Γ	(6) CYANIDE	16) OT	HER	(specify):		
					┝						
					L	(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
					Γ	(10) METALS					
					X	(11) OTHER (specify)	Y				
•	. 1								- 8		
	1 5 70070 2 (10 7		لر		13	15-EHLY					

C = D4			SITE NUMBE	R
SEPA POTENT	IAL HAZARD	OOUS WASTE SITE LOG		4
NOTE: The initial identification of a potentia ation that an actual health or environm Waste Site Enforcement and Response	ental threat ex	cists. All identified sites will be a	ssessed under the EPA'	
Olin Corporation				
Madenburg		Trentuck_	ZIP CODE	
Olin Contaminated		7		
.łTEM	DATE OF DETERMIN- ATION OR COMPLE- TION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo,day,yr)
1. IDENTIFICATION OF POTENTIAL PROBLEM				
2. PRELIMINARY ASSESSMENT	2/15/80	EPA	Paul Amale	
APPARENT SERIOUSNESS OF PROBLEM:	Пніен	MEDIUM LOW NON		1 — - 1
3. SITE INSPECTION				
4. EPA TENTATIVE DISPOSITION (check appropriate item(a) below)				
. NO ACTION NEEDED				
b. INVESTIGATIVE ACTION NEEDED				
. REMEDIAL ACTION NEEDED				
d. ENFORCEMENT ACTION NÉEDED				

FPA

2/15/90

1/ma 4

EPA Form T2070-1 (10-79)

6. STRATEGY COMPLETED

5. (check appropriate item(e) below)

C. REMEDIAL ACTION NEEDED BUT,

\_\_ d. ENFORCEMENT ACTION NEEDED

(2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED

(1) CASE DEVELOPMENT PLAN PREPARED

\_\_\_ b. REMEDIAL ACTION NEEDED

<b>SEPA</b>		HAZARDOUS WAS			R	EGION SITE	NUMBER			
File this form in the regional Haza System; Hazardous Waste Enforce	ardous Waste Lo	g File and submit	a copy to: U	S. Environt	mental F	Protection A	gency; Site	Tracking		
		I. SITE IDENTI				7 - 70 00				
A. SITE NAME lin Corpora.	Lin		B. STREET							
Bradaburg			D. STATE	neky		E. ZIP C	ODE			
J		II. TENTATIVE	DISPOSITION	<i>1</i>						
Indicate the recommended action(	s) and agency(ie	s) that should be i	nvolved by m	arking 'X' i	n the ap	propriate bo	xes.			
REC	OMMENDATION					ACTION	AGENCY			
				MARK'X'	EPA	STATE	LOCAL	PRIVATE		
A. NO ACTION NEEDED NO HAZA	RD			X	X	1				
B. INVESTIGATIVE ACTION(S) NEE	DED (II yes, com	plete Section III.)								
C. REMEDIAL ACTION NEEDED (II										
ENFORCEMENT ACTION NEEDED be primarily managed by the EPA of is anticipated.)  E. RATIONALE FOR DISPOSITION	D (if yes, specify or the State and w	in Part E whether th hat type of enforceme	e case will int action							
(mo., day, & yr.)  H. PREPARER INFORMATION  1. NAME	H. PREPARER INFORMATION									
i e		Page 1				*				
B. PROPOSED INVESTIGATIVE ACT	IVITY (Detailed )	nformation)								
1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo,day, & yr)	3. TO BE PERFORMED BY (EPA, Con- tractor, State, etc.)	4. ESTIMATED MANHOURS			5. REMARK	(S			
II)										
(2)					_					
b. TYPE OF MONITORING				- 1						
(1)						100mg - 30mm 100	reserves species			
(2)										
(1)		6								
(2)				T -	_			- 7		

SEPA		HAZARDOUS WA	RI	EGION SITE	NUMBER	100		
File this form in the regions System; Hazardous Waste E	al Hazardous Waste L nforcement Task For	og File and submit ce (EN-335); 401 N	t a copy to: M St., SW; W	U.S. Enviror ashington, D	mental Pr C 20460.	rotection A	gency; Site	Tracking
		I. SITE IDENT	IFICATION					
Messenschlage.	Dump		B. STREET					
UHICA		D. STATE			E. Z	IP CODE		
<del> </del>		II. FINAL DETE	RMINATION	· ′				
Indicate the recommended ac	ction(s) and agency(ic	es) that should be	involved by	marking 'X'	in the app	ropriate bo	xes.	
		,			AGENCY	T		
A. NO ACTION NEEDED			MARK'X'	X	STATE	LOCAL	PRIVATE	
B. REMEDIAL ACTION NEEDS (If yes, complete Section III.	ED, BUT NO RESOURC	ES AVAILABLE						91
C. REMEDIAL ACTION (If yes,	complete Section IV.)							
D. ENFORCEMENT ACTION (III managed by the EPA or the S			III be primaril; enticipated.)	,				
e. Rationale for final stallhough Suspech	here for	nd. No c	(rek,	hst re	sults	showed chien	l the	l ik.
F. IF A CASE DEVELOPMENT THE DATE PREPARED (mo.	PLAN HAS BEEN PRE	EPARED, SPECIFY		IFORCEMENT LED (mo., day		S BEEN FIL	ED, SPECI	FY THE
H. PREPARER INFORMATION	27 2					7		
1. NAME Paul H		881- 3			2 /15			
III. RI	EMEDIAL ACTIONS	TO BE TAKEN WH	IEN RESOU	RCES BECO	ME AVAIL	ABLE		
List all remedial actions, su for a list of Key Words for ea emedy.								
A. REMEDIAL AC	TION	B. ESTIMATE	ED COST		c.	REMARKS		
		\$						

Continued From Front	$\sim$			$\sim$	
		IV.	REMEDIAL ACT	ions	
A. SHORT TERM/EMERGENCY immediate control, e.g., rest the actions to be used in the	rict access,	On Site and provide alte	Off-Site): List al	l emergency actions take	en or planned to bring the site under for a list of Key Words for each of
1. ACTION	2. ACTION START DATE (mo,day,&yr)	3. ACTION END DATE (mo,day,&yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				s	
				s	
				s	
				s	
				s	
				s	
B. LONG TERM STRATEGY (O wells, etc. See instructions	n Site and O	(f-Site): Lis Key Words (	et all long term so or each of the act	lutions, e.g., excavation ions to be used in the sp	, removal, ground water monitoring saces below.
1. ACTION	2. ACTION START DATE (mo,day,&yr)	3. ACTION END DATE (mo,day,&yr)	4. ACTION AGENCY (EPA, State Private Party)	s. cost	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				s	
*				s	
				s	
				s	
				s	
				s	
C. MANHOURS AND COST BY	ACTION AGE	ENCY			
1. AC	TION AGENCY	•		2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA					s
b. STATE					s

\$

\$

EPA Form T2070-5 (10-79) REVERSE

c. PRIVATE PARTIES

d. OTHER (specify):



# POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

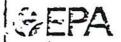
REGION SITE NUMBER (to be as-

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

	I. SITE IDENT							
A. SITE NAME	В.	STREETi(or	other identifier)					
Olin Chemical Corp.		Hwy. 9		T				
Brandenburg	(A. C.	KY	40108		eade			
G. OWNER/OPERATOR (II known)								
1, NAME				2. TELE	PHONE NUMBER			
Olin Chemical Corp.								
H. TYPE OF OWNERSHIP								
1. FEDERAL 2. STATE 3. COUNTY	4 MUNICIPA	AL XX5 F	PRIVATE6	UNKNOWN				
I. SITE DESCRIPTION								
40 acre landfill on plant pro	operty.used	for the	disposal of	sewage	sludge.			
J. HOW IDENTIFIED (I.e., citizen's complaints, OSHA cit	tetions, etc.)				K. DATE IDENTIFIED			
Eckhardt Report					(mo., day, & yr.) 2-25-80			
L. PRINCIPAL STATE CONTACT								
1. NAME	■ 105			27024000000	PHONE NUMBER			
Mrs. Caroline Patrick Haigh				502-	564-6716			
II. PRELIMINAR	Y ASSESSMENT	(complete th	is section last)					
A. APPARENT SERIOUSNESS OF PROBLEM								
☐ 1. HIGH ☐ 2. MEDIUM XX 3. LOW	4 NONE	<u>.</u> 15. U	NKNOWN					
B. RECOMMENDATION								
XXX 1. NO ACTION NEEDED (no hexard)	[		ATE SITE INSPE					
7.287		a. IENI	AT VELY SCHED	OLED FOR	•			
3. SITE INSPECTION NEEDED  E. TENTATIVELY SCHEDULED FOR:		b. WILL	BE PERFORMED	BY:				
b. WILL BE PERPORMED BY:		-						
	[	4. SITE IN	SPECTION NEED	ED (low pr	iority)			
C. PREPARER INFORMATION  1. NAME		12. TELEF	HONE NUMBER		3. DATE (mo., day, & yr.)			
			84-4734		2-25-80			
Donald R. Curry	III CITE INCO		04-4754		2 23 00			
	III. SITE INFO	RMATION						
A. SITE STATUS  Control   ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing besis, even if intro-quantity.)  2. INACTIV sites which no wastes,)	longer receive (T	3. OTHER hose sites the regular or co	at include such inc	cidente like e site for w	"midnight dumping" where aste disposal has occurred.)			
B. IS GENERATOR ON SITE?								
☐ 1. NO XXX 2. YES	(epecify generate	r'e four-digit	SIC Code):					
C. A.L. C.	NT SERIOUSNESS degmineec.)	OF SITE IS	IGH, SPECIFY C					
E. ARE THERE BUILDINGS ON THE SITE! (if in problem area)								
Xid. NO 2. YES (apocity):								
				-				

Co	Continued From Front													
								OF SITE ACTIVITY						
In	dicate the major site	e ac	tivity(ie	s) and a_	ils	relating to each ac	tiv	ity by marking 'X' in	<u>n-</u> ~	appr	opr	iate boxes		
.×.	A. TRANSPOR	TEF	,	<u> </u>	в. 9	STORER	<u>*</u>	C. TREATER	۹	ŀ	Χ.	D	۵ .	ISPOSER
	1. RAIL		·	1. PILE			1	. FILTRATION			Х	LANDFIL	L.	
<u> </u>	2. SHIP			2. SUNFA	CE	IMPOUNDMENT	12	. INCINERATION				. LANDFA	RM	
<b>—</b>	3. BARGE			3. DRUMS			- 3	. VOLUME REDUCT	ON		_	OPEN DE	JMF	
L	4. TRUCK	_		+		OVE GROUND	+	. RECYCLING/RECO		-	_	. SURFAC	E 11	MPOUNDMENT
⊢	S. PIPELINE				-	LOW GROUND	4	S. CHEM. / PHYS. TRE	ATN	MENT		S. MIDNIGH	7 5	DUMPING
<b> </b>	6. OTHER (specify):		-	6. OTHER	1 (8	pecify):	6. BIOLOGICAL TREATMENT				_	. INCINER	AT	10N
			- 1			1	+	WASTE OIL REPRO	-	SING	_	7. UNDERG	RO	UND INJECTION
Į			- 1			}-	-	S. SOLVENT RECOVE	RY			8. OTHER (	spe	cily):
							٦,	O. OTHER (specify):						
Ļ	SPECIFY DETAILS	~=	- 1				0.000						_	
1							020	2						
	Landfill rece	ıve	es siu	age from	n a	an activated s	31	udge treatment	p p	lant	•			
1														
1														
$\vdash$				- Marie		V WASTE DELATE	-	INFORMATION	-					
Α.	WASTE TYPE	_			-	V. WASTE RELATE	ט	INFURMATION	_	100-1-1				
	]1 UNKNOWN	]2	LIQUID	<u></u> 3	. sc	OLID XX4. SI	LU	DGE5. G	AS					
В.	WASTE CHARACTER	RIST	ics						-				0.00.0	
1 :	1. UNKNOWN	]2.	CORROSI	VE 🗀 3	. 10	NITABLE 4 R	AD	OACTIVE 5 H	IGH	LY VO	LA	TILE		
	6 TOXIC	7	REACTIV					MMABLE						
						150-00501								
	10. OTHER (specif	y):												
	WASTE CATEGORIE			Sanaté	2						31115		-	
1	1. Are records of wast	er s	ABITADIES	Specify ite	ms	such as manifests, in	ver	ntories, etc. below.						
		_			_		W. 107 (24)							
L	2. Estimate the amo	unt	(specify	unit of mea	su	re)of waste by cate	go	ry; mark 'X' to indic	ate	which	we	stes are p	res	ent.
L	. SLUDGE	L	ъ. О	IL		c. SOLVENTS	d. CHEMICALS e.				SOL	IDS		I. OTHER
^^	MOUNT	AM	OUNT		*	MOUNT	^'	THUOM	AMOUNT			AN	TOUNT	
L.,	UIT OF MEASURE		IT OF ME	Acupe			1		UNIT OF MEASURE					
ľ	NIT OF MEASURE	100	IT OF ME	ASURE	٦	IT OF MEASURE	0	NIT OF MEASURE	UN	IT OF	ME	ASURE	UNIT OF MEASURE	
$\vdash$		$\vdash$			L		L		١,					
×.	PIGMENTS	X.	(1) OILY		, X,	11 HALOGENATED	ľ×	(1) A CIDS	·×	(1) FL	YAS	н	, x,	(1) LABORATORY
$\vdash$		⊢			-		₽	+	$\vdash$				_	PHARMACEUT.
L	SLUDGES	$\vdash$	(2)OTHE	:R(specily):		(2) NON-HALOGNED SOLVENES	1	12) PICKLING LIQUORS		(2) ASBESTOS		TOS		(2) HOSPITAL
	(2) POTW					(3) OTHER(specify):	Г		П	(3) MIL	LIF	vG/		
L	12.7-0111	Į		- 1			L	ISICAUSTICS				TAILINGS		(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE			70 10				(4) PESTICIDES		(4) FE SMI	RRO	OUS . WASTES		(4) MUNICIPAL
F	(5) OTHER(specify):			3			Γ	(5) DYES/INKS	П	15; NO	N-F	ERROUS . WASTES		(B) OTHER(specify):
							T	(6) CYANIDE	Ħ			(specify):		
							H		1					
							L	(7) PHENOLS					ĺ	
				,3 to			L	(8) HALOGENS						
				3				(9) PCB						
				10				(10) METALS						
						· · · · · · · · · · · · · · · · · · ·		(11) OTHER (epecity)						
				18		-								



#### POT: TIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT 315

~ >	FESION	SITE NUMBER (IS be as-

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections 1 and III Assessment). File this form in the Regional Hazardous W Agency; Site Tracking System; Hazardous Waste Enforce:	sate Lor File and s	ubmit & copy to:	U.S. Envir	onmental Protection
1. SIT	E IDENTIFICATIO			
A. SITE NAME	100	Box 547		
Olin Chemical Corp.	D. STATE	E. SIP CODE	TF. COU	NTY NAME
Brandenburg	KY	40108		ade
G. CWNER/OPERATOR (II known) 1. NAME Olin Chemical Corp.			2. TELE	PHONE NUMBER
K. TYPE OF OWNERSHIP			1	·
1. FEDERAL 2. STATE 3. COUNTY 4	MUNICIPAL XXIS	PRIVATEE	UNKNOWN	
I. SITE DESCRIPTION				
open burning pit				
2. HOW IDENTIFIED (f.e., citizen's complaints, OSHA citations,	eic.)			K. DATE IDENTIFIED
Eckhardt Report				(mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT				2-23-00
1. NAME .			1. TELE	PHONE NUMBER
Mrs. Caroline Patrick Haight		502-	564-6716	
II. PRELIMINARY ASS	ESSMENT (complete	this section lest)		
APPARENT SERIOUSNESS OF PROBLEM  1. HIGH   2. MEDIUM   3. LOW   4	NONE XX	UNKNOWN		
E. RECOMMENDATION  1. NO ACTION NEEDED (no hezard)  XX 3. SITE INSPECTION NEEDED  2. TENTATIVELY SCHEDULED FOR:	A. 7E	EDIATE SITE INSPENTATIVELY SCHEE	CULED FOR	EDED
b. WILL BE PERFORMED BY:	4. SITE	INSPECTION NEED	DED (low pr	riority)
C. PREPARER INFORMATION		EPHONE NUMBER		12. DATE (900, day, & 371)
1. NAME				
Donald R. Curry	ITE INFORMATION	2-384-4734		2-25-80
	TIE INFORMATION			
A. SITE STATUS  1. ACTIVE (Those industrial or punicipal sites which are being used for waste treatment, storage, or disposal on a continuing besis, even if intre-quently.)	received (Those sites	F (apecify): that include such in continuing use of th	cidents like e site for w	"midnight dumping" where easte disposal has occurred.
B. IS GENERATOR ON SITET				
1. HO XX 2. YES (epeci	ily generator's low-di	Eit SIC Code):		
C. AREA OF SITE (In ocres) (PTO bless) D. IF APPARENT SEI		S HIGH, SPECIFY C	OOPDINAT	res -minsec.)
E. ARE THERE BUILDINGS ON THE SITES (If IN Problem	area)			
1. HO 2 YES (*P*city):	1762			

		51.75	11	. CHA	RACTERIZATIO	NO	OF SITE ACTIVIT	Y				
Indicate the major sit	e activity(	ies) :	and /	ils rela	ting to each so	tivi	ty by marking 'X'	h	e appropriate boxes	i.		
A. TRANSPOR	TER	×		B. STOP	ER	×	C. TREATE	<u> </u>	-x-	e. D	SPOSER	
IL RAIL	•	T,	PILE			1	FILTRATION		I. LANDE	LL		
2. SHIB		2	. SULFA	CE 1MP	OUNDMENT .	2	INCINERATION		E. LANDEA			
12. BARGE		1	. DRUMS			13.	VOLUME REDUCT	ON	XX E. OPEN D			
4. TRUCK		1	. TANK.	ABOVE	GROUND	4	RECYCLING/REC	VE				
S. PIEELINE		1 5	. TANK.	BELOW	GROUND	-	CHEM./ PHYS. TRE			S. MIDNIGHT DUMBING		
IE. CTHER (specify):		16	CTHE	(speci	(v):	<del>-</del>	BIOLOGICAL TRE					
	×.	Γ.		105000	"	-	WASTE DIL REPRO	_		_		
						_	SOLVENT RECOVE	_		_		
					- t	_	OTHER (specify):	. # 1	A. DTHER	spe	cily):	
1		1			-		1-211,7			•		
İ		1							181			
E. SPECIFY DETAILS	OF SITE AC	CTIVI	TIES AS	NEED	ED.							
E CONTRACT CONTRACT						- 1				_	No. 1000 Management Comment.	
stack.	icry no	1011	ger r	ii use	. Inis wa	5 1	located where	tn	ere is presen	tly	, a flare	
Stack.							e*					
A. WASTE TYPE				V. V	VASTE RELAT	ED	INFORMATION					
XXI UNKNOWN	2 110010		3	. SOLID	<b>□</b> 4. S	LUE	GE5. G	AS				
5. WASTE CHARACTE	DISTICS									_		
	12. CORRO	SIVE		. IGNIT					NAMES AND ADDRESS OF THE PARTY			
			=				DACTIVE 5 H	пен	LY VOLATILE			
_ Les Toxic	7 REACT	IVE		. INERT	!9 F	LAN	MABLE					
10. OTHER (specif					ينور است در والان است با	-						
1. Are records of west	S es available	e? Sp	ectfy ite	ms suc)	s as manifests, in	veni	ories, etc. below.					
proper particular and selection and selectio		19550." ASP\$1	nassaana• saeva		•							
2. Estimate the amo	unt (specif	y uni	t of mea	sure)o	I waste by cate	gon	; mark 'X' to indic	ate	which wastes are p	res	ent	
. SLUDGE	ь.	OIL		ε.	SOLVENTS		d. CHEMICALS	Π	e. SOLIDS		I. OTHER	
AMCUNT	AMOUNT			AMOUN	17	AM	DUNT	4.	AMOUNT		AMOUNT	
						_						
UNIT OF MEASURE	UNIT OF M	MEASI	URE	דואטן	F MEASURE	מט	TO MEASURE	UN	IT OF MEASURE	UN	IT OF MEASURE	
X' (1) PAINT.	X. (1) OIL	٧		'X' 11)	ALOGENATED	.x.		· x ·		·x-		
FIGMENTS	WAS	TES		<u></u>	OLVENTS	Г	111 A CIDS		III FLYASH		(1) PHARMACEUT	
(2) METALS	(2) OTH	4ER(4	pecity):	(2)	ON-HALDGHTD	1	(2) PICKLING					
FLUDGES					DLVENTS	1	LIQUORS		(Z) ASBESTOS		CIHOSPITAL	
	1			133.6	THER(specify):	Г			1312001 1 11 12 1			
12) PCTW			-60			1	(3) CAUSTICS		MINE TAILINGS		(2) RADIDACTIVE	
1414LUMINUM	1					$\vdash$				-		
SLUDGE							(4) PESTICIDES		(4) FERROUS		141 MUNICIPAL	
	1					$\vdash$		+				
15) OTHER(specity):	}			1		1	(E) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES	H	ISIOTHER(epecis	
				1		-		╁	(6) OTHER(specify):	{		
187 <sub>18</sub>				1		1	(6) CYANIDE	$\vdash$				
,						-		1				
				ì		1	(7) PHENOLS	1		1		
1	1			_	10.4	$\vdash$		4		1		
	Ì			1		1	(8) HALOGENS					
	1					$\vdash$		]				
}	1			l			(S) PC B				0	
	}			1		-		1		1	_	
1							(10) ME 2	1				
	2.67						(10) METALS			1		
1				1			(11)OTHER(specify	,		1		
	1				3	Г		1		1		
1	j			l				1		1		

onlinued From Front			
		II. PERMIT INFO	RMATION
. INDICATE ALL APPLICABLE PE	RMITS 1 DEY TH	E SITE.	
1. NPDES PERMIT 2. SPO			
			(specify): Landfill Permit #082.06
	CAL PERMIT		
7. RCRA STORER ERC	RA TREATER	9 RCRA DISPOSER	R
10. OTHER (specify):			
. IN COMPLIANCE?			
XX 1. YES □ 2. NO		3. UNKNOWN	
4. WITH RESPECT TO (liet regu	lation name & number	,): KY. SOIId	waste Regulations
	VIII.	AST REGULATO	RY ACTIONS
XX A. NONE B. Y	ES (summarize below	)	
		(1 <b>.5</b> 3)	
20			
	IX. INSPE	TION ACTIVITY	(past or on-going)
			The second secon
A NONE XX B. YE	S (complete items 1,	2,3, & 4 below)	
I. TYPE OF ACTIVITY	2 DATE OF PAST ACTION	3 PERFORMED	4. DESCRIPTION
	(mo., day, & yr.)	(EPA/State)	- DESCRIPTION
monthly inspections		state	======================================
mentally inspections	<del> </del>	State	
···	1		
			16
	X. REM	EDIAL ACTIVITY	(past or on-going)
X A. NONE B. YE	S (complete items 1,		
1. TYPE OF ACTIVITY	PAST ACTION	3. PERFORMED	4. DESCRIPTION
	(mo., dey, & yr.)	(EPA/State)	
	1		

information on the first page of this form.

PAGE 4 OF 4



## POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

EGION	SITE	NUN	EER	(10	be	**-
	signe					

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

	HTIFICATION									
Olin Corp. Landfill	성격되었는 그들도 없다.	other identifier)								
c. city	P. O. BO	E. ZIP CODE	TE COUL	TY NAME						
Brandenburg	KY	40108	Mead							
G. OWNER/OPERATOR (II known)			106 - 3 775 97 (Mindrell) -							
1. NAME			2. TELE	PHONE NUMBER						
Olin Corp.										
H. TYPE OF OWNERSHIP										
1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL XX5 PRIVATE 5. UNKNOWN										
I. SITE DESCRIPTION										
Landfill used for the disposal of excess biological sludge produced from activated										
sludge sewage treatment facility.				14 274 274 31						
HOW IDENTIFIED (i.e., citizen's compleints, OSHA citations, etc.)				K. DATE IDENTIFIED						
				(mo., day, & yr.)						
Eckhardt Report				2-25-80						
L. PRINCIPAL STATE CONTACT				D						
				PHONE NUMBER						
Mrs. Caroline Patrick Haight			502-56	4-6716						
II.: PRELIMINARY ASSESSMENT (complete this section last)										
A. APPARENT SERIOUSNESS OF PROBLEM										
1. HIGH 2. MEDIUM XX3. LOW 4 NONE	15. (	JUKNOWN								
B. RECOMMENDATION										
XX 1. NO ACTION NEEDED (no hexard)										
00-1 <del>9-10-1</del> No. 19-10-19-19-19-19-19-19-19-19-19-19-19-19-19-	A. TEN	TAT VELY SCHEDU	JLED FOR	•						
3. SITE INSPECTION NEEDED	b. WILL	BE PERFORMED	BY:							
A. TENTATIVELY SCHEDOLED FOR:	0.7500 A.00.740	MEG MENN E MUEL	7000							
b. WILL BE PERFORMED BY:	11									
With a particular transfer control of the second se	4. SITE	NSPECTION NEED!	ED (low pri	iority)						
C. PREPARER INFORMATION	12 TELE	PHONE NUMBER		3. DATE (mo., day, & yr.)						
	1000			NO ST ST						
Donald R. Curry		384-4734		2-25-80						
III, SITE IN	FORMATION									
A. SITE STATUS  1. ACTIVE (Those industrial or   2. INACTIVE (Those										
municipal eites which are being used   effec which no longer receive	(Those sites if	at include such inc	idents like	"midnight dumping" where						
for waste treatment, storage, or disposal wastes.)	no regular or c	ontinuing use of the	the for wa	sete disposal has occurred.)						
quently.)				<u> </u>						
B. IS GENERATOR ON SITE!										
1. NO XX2. YES (apacify gener	selor a lour-cigi									
C. AREA OF SITE (In acres) (Problem) D. IF APPARENT SERIOUSNI	ESS OF SITE IS	HIGH. SPECIFY CO	ORDINAT	ES						
1. LATITUDE (degmin-eed		2. LONGITU								
E. ARE THERE BUILDINGS ON THE SITES (if IN Problem area	,									
S Company of the Comp										
XX 1. NO 2. YES (specity):										

	IV. CHARACTERIZATION OF SITE ACTIVITY											
Indicate the major site activity(ies) and it is relating to each activity by marking 'X' is appropriate boxes.												
× ·	A. TRANSPORT	ER	x			×:	C. TREATER	_			D. DISPOSER	
1	. RAIL		- I PILE			1	. FILTRATION		хx	XI. LANDELL	L	
_]:	. SHIP		2. SUNF	CE	IMPOUNDMENT	2	. INCINERATION			2. LANDEA	RM	
1	BARGE		3. DRUM	5		3	. VOLUME REDUCTIO	N		3. OPEN DL	MP	
- !	. TRUCK		4. TANK	AB	OVE GROUND	4	. RECYCLING/RECO	VE	RY	4. SURFACE	E 11	MPOUNDMENT
- !	S. PIPELINE .		S. TANK	BE	LOW GROUND	13	. CHEM. FRYS. TRE	4 7 4	7.734	- MIDNIGH	T 5	DUMPING
انے	OTHER (specify):		6. CTHE	F ( 5	pecify):		. BIOLOGICAL TREA	TM	ENT	. INCINERATION		101
					L	17	. WASTE OIL REPRO	CE	SSING	7. UNDERG	RO	MOITSELMI GAU
					1	_	SOLVENT RECOVE	RY		_6. OTHER (	s pe	city):
					F	٦,	. OTHER (specify):					
E.	SPECIFY DETAILS	OF:	SITE ACTIVITIES A	SNE	EDED						_	
В	efore closing	t	ne site recei	vec	d biological s	<b>:</b> 1ι	idge from an a	ct	ivate	anhula h		
	reatment plan							-	11466	a Studge		
					NUNT 16 T COLO T							
					78							
					V. WASTE RELAT	ED	INFORMATION					
۸.	WASTE TYPE											
	]1 UNKNOWN [	]2	בוסטוס []:	3. sc	OLID XXX 4. S	LU	DGE5. G	AS				
В.	WASTE CHARACTER	1157	ics	644-83		2.			========			
=		7.0	100 Table 100 Ta			AD	OACTIVE 5 H	GH	LY VOL	ATILE		
	ie TOXIC	]7	REACTIVE	IN	ERT9 F	LA	MMAPLE					
_	_											
_	10. OTHER (specify					-						
	WASTE CATEGORIE		vailable? Specify it	ems	such as manifests, in	ver	ntories, etc. below.					
-	Farinas de ac		(energia unit of o			_				A Company of the Comp		
$-\frac{2}{}$		ent		I		Eoi	ry; mark 'X' to indic	ate			res	ent.
AM	. SLUDGE	AM	b. OIL	AL	c. SOLVENTS			e. SOLIDS		-	1. OTHER	
1	533475356553	0.510			95.TX 350.855.174	"	A				^~	TAUONT
UN	TOF MEASURE	אט	T OF MEASURE	UN	TT OF MEASURE	U	NIT OF MEASURE	UNIT OF MEASURE		UN	IT OF MEASURE	
						1						
×.	III PAINT.	×.	(1) OIL Y	. ×.	(1) HALOGENATED	·×		·×			· x ·	
	FIGMENTS		WASTES		SOLVENTS	Γ	(1) A CIDS		(1) FLY	ASH	٦	11) PHARMACEUT.
	121METALS		(2) OTHER (specify)		(2) NON-HALDGHTD	1	121 PICKLING		12:15		Г	
	SLUDGES			L	SOLVENTS	L	LIQUORS		12 / A 5 B	E5105		(2) HOSPITAL
	(2) POTW			L	(3) OTHER(specify):		131 CAUSTICS		121MIL			(3) 0 4 0
Н				1		1		L	MIN	E TAILINGS	L	(3) RADIOACTIVE
	SLUDGE						141 PESTICIDES		141 FER	RCUS TG. WASTES		14) MUNICIPAL
	(5! OTHER(*pecify):						IEI DYES/INKS		151 NON	FERROUS TG. WASTES	F	(S) OTHER (specify):
							(6) CYANIDE			ER(specify):		
						1	(T) Burner					
						1	(7) PHENOLS					
						L	16) HALOGENS					
						L	(9) PCB					
							110-METALS					
						L	(11) OTHER (Specify)					
1					720	1						

LIST SUBSTANCES OF GREATES	T CONCENN	WHICH MAY E	SE ON THE SITE (F	lece in desceno order of he	zard).
¥					
4. ADDITIONAL COMMENTS OR NAR	BATIVE DE	CRIPTION OF	SITUATION KNO	AN OR REPORTED TO EVICE	AT THE SITE
#		SCAIP FION OF	STIDATION KNO	THE OR REPORTED TO EXIST	AT THE SITE.
		VI. HAZ	ARD DESCRIPTI	ON	
A. TYPE OF HAZARD	POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (merk 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. RE	EMARKS
. NO HAZARD	Χ				
. HUMAN HEALTH					
NON-WORKER NUNTY/EXPOSURE					
. WORKER INJURY					n
OF WATER SUPPLY					
CONTAMINATION OF FOOD CHAIN					
CONTAMINATION OF GROUND WATER					
CONTAMINATION OF SURFACE WATER					
DAMAGE TO					
C. FISH KILL					
1. CONTAMINATION					
2. NOTICEABLE ODORS					
S. CONTAMINATION OF SOIL					
4. PROPERTY DAMAGE					
S. FIRE OR EXPLOSION					
E. SFILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS					
SEWER, STORM TO DEAIN PROBLEMS	6				
8. EROSION PROBLEMS					
S. INADEQUATE SECURITY					
O. INCOMPATIBLE WASTES					
1. MIDNIGHT DUMPING					
2. CTHER (specify):					
is a					
PA Form T2070-2 (10-79)			PAGE 3 OF 4		Continue On Reverse

ISTE RELATED INFORMATION (continued)

Continued From Front			1.0
	\	II. PERMIT INFOR	MATION
A. INDICATE ALL APPLIC	ABLE PERMITS H BY TH		
1. NPDES PERMIT	2 SPCC PLAN XX	3. STATE PERMIT(sp	ecity): Landfill Permit #082.07
4. AIP PERMITS	5. LOCAL PERMIT		
7 RCRA STORER	B RCRA TREATER	9 RCRA DISPOSER	<b>,</b>
10. OTHER (specify):		<del></del>	4.
B. IN GOMPLIANCE?			
₩ 1. YES	2. NO	3. UNKNOWN	
4. WITH RESPECT TO	O (list regulation name & numbe	Ny. Solid	Waste Regulations
	VIII. I	PAST REGULATORY	ACTIONS
XX A. NONE	B. YES (summarize below	")	
		**	
			ė)
	IX. INSPE	CTION ACTIVITY (P	est or on-going)
_ A. NONE	XXB. YES (complete items 1,	2,3, & 4 below)	
1. TYPE OF ACTIV	2 DATE OF PAST ACTION (mo., day, & yr.)	S PERFORMED BY: (EPA/State)	4. DESCRIPTION
monthly inspecti	on		
2 t	X. REM	EDIAL ACTIVITY	pest or on-going)
XX A. NONE	B. YES (complete items 1,	2, 3, & 4 below)	
1. TYPE OF ACTIV	2. DATE OF PAST ACTION (mo., dey, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

information on the first page of this form.

PAGE 4 OF 4



### POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

EGION	SITE	NUMBER	(10	be	
	. isne	d by Hel	12/05/20		

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections. GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460. I. SITE IDENTIFICATION A. SITE NAME B. STREET (or other identifier) 642 07 Olin Chemical Corp. Hwy, 933 D. STATE E. ZIP CODE F. COUNTY NAME 40108 Brandenburg KY Meade G. OWNER/OPERATOR (II known) 2. TELEPHONE NUMBER Olin Corp. H. TYPE OF OWNERSHIP 11. FEDERAL 12. STATE 3. COUNTY 14 MUNICIPAL XX PRIVATE 6 UNKNOWN I SITE DESCRIPTION 21 acre landfill located on plant property used for the disposal of sewage sludge K. DATE IDENTIFIED J. HOW IDENTIFIED (I.e., citizen's complaints, OSHA citations, etc.) (mo., day, & ys.) Eckhardt Report 2-25-80 L. PRINCIPAL STATE CONTACT 2. TELEPHONE NUMBER Mrs. Caroline Patrick Haight 502-564-6716 11. PRELIMINARY ASSESSMENT (complete this section last) A. APPARENT SERIOUSNESS OF PROBLEM E UNKNOWN 2. MEDIUM XX 3. LOW 4 NONE 1. HIGH B. RECOMMENDATION 2. IMMEDIATE SITE INSPECTION NEEDED XM. NO ACTION NEEDED (no hezard) 3. SITE INSPECTION NEEDED b. WILL BE PERFORMED BY b. WILL BE PERFORMED BY: 4. SITE INSPECTION NEEDED (low priority) C. PREPARER INFORMATION 3. DATE (DO., day, & )".) 2. TELEPHONE NUMBER 1. NAME Donald R. Curry 502-384-4734 2-25-80 III. SITE INFORMATION A. SITE STATUS 2. INACTIVE (Those sites that include such incidents like "midnight dumping" where XX1. ACTIVE (Those Industrial or for waste treatment, storage, or disposal on a continuing basis, even if intreno regular or continuing use of the site for waste disposal has occurred.) wastes.) quently.) B. IS GENERATOR ON SITE? 1. NO XX 2. YES (epecify generator's fow-digit SIC Code):

C. AREA OF SITE (In acres) (Problem) D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-eec.)

E. ARE THERE BUILDINGS ON THE SITE! (if in problem area)

2 YES (specity):

2. LONGITUDE (deg.\_min.\_sec.)

IV. CHARACTERIZATION OF SITE ACTIVITY											
Indicate the major site	activity(i	cs) and (	is	relating to each ac	tivity by marking 'X' ir - app			· approp	appropriate boxes.		
A. TRANSPORT	TER	x	B. 5	STORER	×	C. TREATER	?	·×	-	). E	ISPOSER
II. RAIL	•	1 PILE			7	I. FILTRATION		хx	1. LANDEI	LL	
2. SHIP		2. SUNF	CE	IMPOUNDMENT	:	. INCINERATION	A.D. 1940		Z LANDEA	RM	
2. BARGE		3. DRUM	5		1:	. VOLUME REDUCTI	ON		P. OPEN D	UMI	P
4. TRUCK		4. TANK	AB	OVE GROUND	1	A. RECYCLING/RECO	VE	RY	. SURFAC	E 1	MPCUNDMENT
S. PIFELINE		S. TANK	BE	LOW GROUND	ŀ	5. CHEM./FHYS. TRE	٠.	VENT	S. MIDNIGH	47	DUMPING
E. OTHER (specify):		6. CTHE	R (8	pecity):		6. BIOLOGICAL TREA	. TA	ENT	INCINE!		101
					1	7. WASTE OIL REPRO	CE	551NG	. UNDER	SRC	MOITSELMI GAUG
					1	. SOLVENT RECOVE	RY		. OTHER	(EP	ecity):
<b>)</b>						S. OTHER (specify):					
										22	
			-		_						
E. SPECIFY DETAILS	OF SITE AC	TIVITIES A	SNI	EEDED							
Landfill receive	ves sew	age slud	ge	from an activ	rat	ted sludge sew	aq	e trea	tment p	laı	nt.
		₹2	70				,				
ł											
				V. WASTE RELAT	ED	INFORMATION					
A. WASTE TYPE					2011						
[]1 DNKNOWH [	2 LIQUID	3	. 50	DLID XX4. 5	LU	DGE5. G	AS				
B. WASTE CHARACTER	ISTICS										
1. UNKNOWN	2. CORRO	SIVE 3	. 16	NITABLE 4 R	AD	DIOACTIVE TS H	IGH	ILY VOL	ATILE		
LIE TOXIC	7 REACT	VE TE	IN			MMABLE					
				The Professional Control of the Profession of th							
10. OTHER (specify	·):										
C. WASTE CATEGORIE	S	-	-				-			_	
1. Are records of waste	s available	Specify it	am's	such as manifests, in	ver	ntories, etc. below.					
2. Estimate the amou	unt (specify	unit of me	850	relaf waste by cate	70	my mark (Y) to indic					
. SLUDGE	b.		1	c. SOLVENTS	gory; mark 'X' to indicate which we				T		
AMCUNT	AMOUNT	J.L	A N	OUNT	A	d. CHEMICALS		4. 50	LIDS	١.,	I. OTHER
									١٠,	AUUNT	
UNIT OF MEASURE	UNIT OF M	EASURE	UN	IT OF MEASURE	UNIT OF MEASURE		1	NIT OF M	FASURE	1	NIT OF MEASURE
			1		1		John of Measone		1	OF MEXSURE	
X' III: PAINT.	x. luxou		· × ·		1.0		<del> </del>			+	
FIGMENTS	(1) OIL		۱	SOL VENTS	×	INACIDS	×	(1) FLYA	5 H	×	11 PHARMACEUT.
Name of Association Control of Co			-	Management and appropriate the second of the	╁	<del> </del>	Ͱ			+	
SLUDGES	(2)OTH	ER (apecily):		121 HON-HALOGHTD	}	(2) PICKLING	I	12 ASBE	STOS	1	BIHOSPITAL
<del>                                     </del>			⊢		╀		┝			+	erso, esse ascalenta
(E) PCTW			-	(3) OTHER(specify):		131 C & USTIC 5		13 MILL	ING!	1	13) RADIOACTIVE
			1		-		╀		. XILINGS	+	-
14'ALUMINUM			1		1	(4) PESTICIDES	1	4 FERE	OUS G. WASTES	1	MUNICIPAL
1			1		L		L	SMLT	G. WASTES	L	- THE OWIETPAL
15' OTHER (specify):						(S) DYES/INKS		SMLT	FEFFOUS G. WASTES	H	(5) OTHER (specify):
1					Γ			IE: OTHE	R(specify):	1	
, 1					1	(B) CYANIDE	Г			1	
4	¥:		1		Γ		1				
						171 PHENOLS	١			1	
1			1		Г	1	1				
					1	(8) HALOGENS				1	
			1		1	<del> </del>	1				
					1	(9) PCB					
1			1		H	1	1				
1	=				1	HOIMETALS					
1					1	<b> </b>	ł				
			1	65	1	JULIOTHER (opecity)	1			1	
1			1		1					1	

***					
4. ADDITIONAL COMMENTS OR NAI	RRATIVE DE	SCRIPTION O	F SITUATION KNO	WN OR REPORTED TO EXIST AT THE SITE	
The state of the s					
		VI. HAZ	ARD DESCRIPTI	ION	
A. TYPE OF HAZARD	POTEN- TIAL HAZARD (mark 'X')	ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS	
I. NO HAZARD					
2. HUMAN HEALTH					
3. NON-WORKER INJURY/EXPOSURE					
4. WORKER INJURY					
B. CONTAMINATION OF WATER SUPPLY					8
CONTAMINATION OF FOOD CHAIN					
OF GROUND WATER					
CONTAMINATION OF SURFACE WATER					
DAMAGE TO FLORA/FAUNA					
C. FISH KILL					
1. CONTAMINATION					
2. NCTICEABLE ODORS					
S. CONTAMINATION OF SOIL			1	i i	
4. PROPERTY DAMAGE					
E. FIRE OR EXPLOSION					
E. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS					
7. SEWER, STORM 7. DRAIN PROBLEMS					
B. EROSION PROBLEMS					
S. INADEQUATE SECURITY					
O. INCOMPATIBLE WASTES					
1. MIDNIGHT DUMPING					
2. CTHER (specify):					

V .STE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descends order of hexard).

	,	II. PERMIT INFORMATI	ON .
A. INDICATE ALL APPLICABLE P			<u> </u>
	5452X		
1. NPDES PERMIT 2. SI	PCC PLAN	3. STATE PERMIT (specify)	):
		6. RCRA TRANSPORTER	
7. RCRA STORER 8. R	CRA TREATER	9 RCRA DISPOSER	
10. OTHER (specify):		*	
E. IN COMPLIANCE?			
1. YES 2. N	•	3. UNKNOWN	
4. WITH RESPECT TO (list reg	ulation name & numbe	r):	
		PAST REGULATORY AC	TIONS
A. NONE B.	YES (summerize below	)	
			\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	IX. INSPE	CTION ACTIVITY (past of	or on-going)
A NONE B. Y	ES (complete items 1,	2,3, & 4 below)	
	2 DATE OF	3 PERFORMED	
1. TYPE OF ACTIVITY	(mo., day, & yr.)	(EPA/State)	4. DESCRIPTION
	<del> </del>	<del> </del>	
	V DEW	EDIAL ACTIVITY (	
	A. REM	EDIAL ACTIVITY (past	or on-going)
A. NONE B.	ES (complete items 1,	2, 3, & 4 below)	•
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION	3. PERFORMED BY:	4. DESCRIPTION
	(mo., day, & yr.)	(EPA/State)	
	1		

information on the first page of this form.

PAGE 4 OF 4

### SEPA

## POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

EGION	SITE	NUM	EER	(10	b.	**-
	· igne	d by	Hq)			

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.						
I. SITE IDENTIFICATION						
A. SITE NAME	3	r other identifier)				
Olin Chemical Corp.		Box 547	T = 22			
Brandenburg	D. STATE KY	40108		ade		
G. OWNER/OPERATOR (II known)						
1. NAME			2. TELE	PHONE NUMBER		
Olin Chemical Corp.						
H. TYPE OF OWNERSHIP						
1. FEDERAL 2. STATE 3. COUNTY 4 MUNI	CIPAL XX5	PRIVATE6	UNKNOWN			
I. SITE DESCRIPTION				•		
coal fired boiler house						
J. HOW IDENTIFIED (I.e., citizen's complaints, OSHA citations, etc.)				K. DATE IDENTIFIED		
				(mo₁, day, & yr₁)		
Eckhardt Report				2-25-80		
L. PRINCIPAL STATE CONTACT						
1. NAME			2. TELE	PHONE NUMBER		
Mrs. Caroline Patrick Haight			502-5	564-6716		
II.: PRELIMINARY ASSESSME	NT (complete	this section last)				
A. APPARENT SERIOUSNESS OF PROBLEM						
1. HIGH 2. MEDIUM 3. LOW 4 NONE	x <u>x</u> 5 ⋅ 1	UNKNOWN				
B. RECOMMENDATION						
1. NO ACTION NEEDED (no hexard)		DIATE SITE INSPECTATIVELY SCHEDI				
XXX SITE INSPECTION NEEDED	b. WIL	L BE PERFORMED	BY:			
b. WILL BE PERPORMED BY:						
	4. SITE	INSPECTION NEED	ED (low pr	iority)		
C. PREPARER INFORMATION	FEFFEREN THE PROTESTANT			and the second s		
1. NAME	2. TELE	PHONE NUMBER		3. DATE (mo., day, & yr.)		
Donald R. Curry	502-	384-4734		2-25-80		
III. SITE IN	FORMATION					
A. SITE STATUS						
1.ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing besis, even if intrequently.)		hat include such inc		"midnight dumping" where sete disposal has occumed.)		
B. IS GENERATOR ON SITE?				× ×		
1. NO XX 2. YES (epecify generator's low-digit SIC Code):						
C. AREA OF SITE (In acres) (problem) D. IF APPARENT SERIOUSNI		HIGH, SPECIFY CO				
. ARE THERE BUILDINGS ON THE SITE! (if in problem area)						

IV. CHARACTERIZATION OF SITE ACTIVITY									
Indicate the major site	sctivity(ies) and (	'Is relating to each ac	tivity by merking 'X' ir	appropriate boxes					
A, TRANSPORT		B. STOPER	C. TREATER	, x .	. DISPOSER				
II. RAIL	- I PILE		1. FILTRATION	1. LANDFIL					
12. SHIP		CE IMPOUNDMENT	2. INCINERATION	2. LANDEA					
13. BARGE	3. DRUMS		3. VOLUME REDUCTIO						
A. TRUCK		A BOVE GROUND	4. RECYCLING/RECON		E IMPOUNDMENT				
. PIFELINE		BELOW GROUND	E. CHEM. FRYS. TREA		TOUMPING				
it. OTHER (specify):	-JOTHER	(specify).	7. WASTE OIL REPRO						
		-	+	<del></del>	ROUND INJECTION				
73	75			8. SOLVENT RECOVERY  9. OTHER (specify):					
According to M of reject coal metals. This	According to Mr. Don Frenvil, Engineer for Olin Chem., there was at one time a stockpile of reject coal type material adjacent to this building which could have contained some metals. This material is now disposed of at one of the permitted landfills owned by Olin Chemical Corp.								
		V. WASTE RELATE	ED INFORMATION						
		. SOLID4. SI	LUDGE5. G/	AS					
	2. CORROSIVE 3 7 REACTIVE 8		ADIOACTIVE5 HI	GHLY VOLATILE					
C. WASTE CATEGORIE  1. Are records of waste		ms such as manifests, in	ventories, etc. below.						
2. Estimate the amou	unt(specify unit of med	sure)of waste by cate	gory; mark 'X' to indica	ate which wastes are p	resent.				
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	1. OTHER				
AMCUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT				
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE				
X' (1) PAINT, PIGMENTS	X' (1) OIL Y WASTES	X' II HALOGENATED	(1) A CIDS	(1) FLYASH	TA CABORATORY				
SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNED SOLVENES	(2) PICKLING LIQUORS	(Z) ASBESTOS	(21HOSPITAL				
12 PCTW		121 OTHER(specify):	ISI CAUSTICS	MINE TAILINGS	(2) RADIOACTIVE				
SLUDGE			(4) PESTICIDES	4 SHLTG. WASTES	141 MUNICIPAL				
E) CTHER(specify):		.,	(E) DYES/INKS	15, NON-FERROUS SMLTG. WASTES	(5) OTHER(specify):				
			(6) CYANIDE						
			171 PHENOLS						
	€		(8) HALOGENS						
			(\$) PCB						
	8		(10) METALS						
14		*	UNIOTHER (épecity)						

Continued From Front			
		II. PERMIT INFOR	MATION
A. INDICATE ALL APPLICABLE P			
1. NPDES PERMIT 2. S	PCC PLAN X	3. STATE PERMIT(s	pecify): Landfill Permit #082.08
4. AIR PERMITS 5. L	OCAL PERMIT	6. RCRA TRANSPOR	TER
7 RCRA STORER 8 R	CRA TREATER	9 RCRA DISPOSER	
10. OTHER (specify):		Ø	*
. IN COMPLIANCE?			
1. YES 2. N	•	3. UNKNOWN	
4. WITH RESPECT TO (list reg	gulation name & numbe	n: Ky. Solid	Waste Regulations
	VIII.	PAST REGULATOR	YACTIONS
A. NONE B.	YES (summerize below	·)	
	IX. INSPE	CTION ACTIVITY	past or on-going)
_ A NONE _ B. Y	ES (complete items 1,	2,3, & 4 below)	
1. TYPE OF ACTIVITY	2 DATE OF PAST ACTION (mo., day, & yr.)	3 PERFORMED BY: (EPA/State)	4. DESCRIPTION
monthly inspections			
•			
	X. REM	EDIAL ACTIVITY	past or on-going)
XX A. NONE B.	YES (complete items 1	2.1 A.d below)	
B	2. DATE OF	3. PERFORMED	<del></del>
1. TYPE OF ACTIVITY	PAST ACTION (mo., day, & yr.)	BY: (EPA/State)	4. DESCRIPTION
		<del>  </del>	

information on the first page of this form.

PAGE 4 OF 4

Continuea e roin e ront				
			VII. PERMIT INFO	ORMATION
A. INDICATE ALL APPL	ICABLE PER	MITS HELD BY TH	E SITE.	
1 NPDES PERMIT	2 SPC	C PLAN	3. STATE PERMIT	(specify):
4 A'P PERMITS				
7 ACPA STORER				
1- 1			, o menn o srosei	
10. OTHER (specify	·):			
I. IN COMPLIANCE?				
I. YES	2 NO	X	3 UNKNOWN	
4. WITH RESPECT	TO (list regula	tion name & numbe	r):	
		VIII.	PAST REGULATO	RY ACTIONS
A. NONE	B. YES	(summarize below	")	
*				
		IX. INSPE	CTION ACTIVITY	(past or on-going)
A NONE	B. YES	complete items 1,		
1. TYPE OF ACTIV	V'TY	2 DATE OF PAST ACTION (mo., day, & yr.)	3 PERFORMED BY: (EPA/State)	4. DESCRIPTION
				a
		X. REM	EDIAL ACTIVITY	(past or on-going)
A. NONE	B. YES	(complete items 1,	2.3 & 4 helow)	11
		2. DATE OF	3. PERFORMED	
1. TYPE OF ACTIV	YITY	(mo., day, & yr.)	(EPA/State)	4. DESCRIPTION
¥			#1	

information on the first page of this form.

PAGE 4 OF 4

4. ADDITIONAL COMMENTS OR NAR	RATIVE DES	CRIPTION OF	F SITUATION KNOW	WN OR REPORTED TO EXIST AT THE SITE.						
VI. HAZARD DESCRIPTION										
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS						
I. NO HAZARD										
2. HUMAN HEALTH										
S. NON-WORKER INJURY/EXPOSURE	. 4									
4. WORKER INJURY										
6. CONTAMINATION OF WATER SUPPLY										
6. CONTAMINATION OF FOOD CHAIN										
7. CONTAMINATION OF GROUND WATER										
6. CONTAMINATION OF SURFACE WATER										
. DAMAGE TO FLORA/FAUNA			18							
.0. FISH KILL										
11. CONTAMINATION										
12. NOTICEABLE ODORS										
13. CONTAMINATION OF SOIL										
14. PROPERTY DAMAGE										
15. FIRE OR EXPLOSION										
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS										
17. SEWER, STORM DRAIN PROBLEMS										
18. EROSION PROBLEMS										
19. INADEQUATE SECURITY										
20. INCOMPATIBLE WASTES										
21. MIDNIGHT DUMPING										
2 2. OTHER (specify):										

WASTE RELATED INFORMATION (continued

3. LIST SUBSTANCES OF GREATEST COI ... RN WHICH MAY BE ON THE SITE (place in descer. 12 order of hezard).

Commou . fom rage 2

			II. PERMIT INFO	RMATION		
A. INDICATE ALL APPL	CABLE PER	MITS + DEY TH	E SITE.	-		
1 NPDES PERMIT	2. SPC	C PLAN	3. STATE PERMIT	specify):		
4. AIR PERMITS	5. LOC	AL PERMIT	RTER		•	
7 RCRA STORER	E. RCF	A TREATER	9 RCRA DISPOSER		•	
10 05455	•					
E. IN COMPLIANCE?	):			<del></del>		
1. YES	2. NO		3. UNKNOWN	%**		
	<b>—</b> ·.	-				
4. WITH RESPECT	TO (liet regul	elion name & numbe	r):			
		VIII. I	PAST REGULATOR	RY ACTIONS		
A. NONE	B. YE	5 (summerize below	)			
			*			
				85		
		IX INSPE	TION ACTIVITY	(nest or on-coins)		
10000		.,,,,,,,				
A. NONE	B. YES	(complete items 1,	2,3, & 4 below)			
1. TYPE OF ACTIV	Y דיע	Z DATE OF PAST ACTION (mo., day, & yr.)	2 PERFORMED BY: (EPA/Sinte)		4. DESCRIPTION	
2003C (Oronto SE Vicostos N						
		X REM	EDIAL ACTIVITY	(past or on-poing)		
		7	PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	
A. NONE	B. YES	(complete items 1,	2, 3, & 4 below)			
1. TYPE OF ACTIV	V17 Y	2. DATE OF PAST ACTION (mc., day, & 311.)	3. PERFORMED BY: (EPA/State)		4. DESCRIPTION	
				W/		
	on the first	n in Sections III			ry Assessment (Section II)	
FIX 1 01m (20/0-2 (10-/7)						

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hezerd).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION								
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,dey,yr.)	E. REMARKS				
1. NC HAZARD								
2. HUMAN HEALTH								
3. NON-WORKER								
4. WORKER INJURY		Color Supply Color St.						
D. CONTAMINATION D. OF WATER SUPPLY								
C. CONTAMINATION								
CONTAMINATION OF GROUND WATER								
S. CONTAMINATION S. OF SURFACE WATER			9					
DAMAGE TO FLORA/FAUNA								
1C. FISH KILL								
11. CONTAMINATION								
12. NOTICEABLE ODORS								
12. CONTAMINATION OF SOIL		79						
14. PROPERTY DAMAGE								
15. FIRE OR EXPLOSION	(9)			¥				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS								
17. SEWER, STORM DRAIN PROBLEMS								
18. EROSION PROBLEMS								
19. INADEQUATE SECURITY								
20. INCOMPATIBLE WASTES								
21. MIDNIGHT DUMPING								
_ 2. CTHER (specify):								
	1		300					

# SEPA

### POTENMAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

_	REGION	SITE NAMEER WE DO DO -
		signed by by
	1.1	EYNO POTZY 6
	IV	12! KYD OOG 304

29

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections. GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section I! (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460. I. SITE IDENTIFICATION A. SITE NAME B. STREET (or other identifier) Olin Corp. Landfill 082,06 P. O. Box 547 C. CITY D. STATE E. ZIP CODE F. COUNTY NAME Brandenburg 40108 Meade G. OWNER/OPERATOR (II known) 1. NAME 2. TELEPHONE NUMBER Olin Corp. H. TYPE OF OWNERSHIP 1. FEDERAL 2. STATE 3. COUNTY 4 MUNICIPAL XX5 PRIVATE 5 UNKNOWN I. SITE DESCRIPTION Landfill used for the disposal of excess biological sludge produced from activated sludge sewage treatment facility. .. HOW IDENTIFIED (i.e., chizen's complaints, OSHA citations, etc.) K. DATE IDENTIFIED (mc., oay, & vr.) Eckhardt Report 2-25-80 L. PRINCIPAL STATE CONTACT 1. TELEPHONE NUMBER Mrs. Caroline Patrick Haight 502-564-6716 II. PRELIMINARY ASSESSMENT (complete this section last) A. APPARENT SERIOUSNESS OF PROBLEM 2. MEDIUM XX3. LOW 14 NONE 5 UNKNOWN 11. HIGH B. RECOMMENDATION 2. IMMEDIATE SITE INSPECTION NEEDED XX | 1. NO ACTION HEEDED (no hezard) 3. SITE INSPECTION NEEDED b. WILL BE FERFORMED BY b. WILL BE PERPORMED BY: 4. SITE INSPECTION NEEDED (low priority) C. PREPARER INFORMATION 1. DA IE (mo., day, & yt.) 2. TELEPHONE NUMBER 1. NAME 502-384-4734 Donald R. Curry 2-25-80 III. SITE INFORMATION A. SITE STATUS 2. INACTIVE (Those 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing bests, even if intreno regular or continuing use of the site for waste disposal has occurred., WAS100.) ouently.) B. IS GENERATOR ON SITE? XX2. YES (epecify generator's low-digit SIC Code): ☐ 1. NO C. AREA OF SITE (In ocros) (Pro blem) D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 2. LONGITUDE (deg.-min.-sec.) LATITUDE (deg.-min.-eec.) E. ARE THERE BUILDINGS ON THE SITES (if in problem area) XX 1. NO 2 YES (epecity):

IV. CHARACTERIZATION OF SITE ACTIVITY							
Indicate the major site activity	(ies) and deta elating	to each acti	vity by marking 'X' in	thr aprop	riste boxes		
A. TRANSPORTER	B. STORER	×	C. TREATER	×		. DISPOSER	
1. RAIL	I DILE		1. FILTRATION	xxx	I. LANDEL	. L	
2. SHIP	2. BUNFACE IMPOUN	DMENT	2. INCINERATION		2. LANDEA	RM	
2. BARGE	3. DRUMS		3. VOLUME REDUCTIO	DN	B. OPEN DL	JMP	
14. TRUCK	4. TANK, ABOVE GRO	DUND	4. RECYCLING/RECO	VERY	4. SURFAC	E IMPOUNDMENT	
5 PIPELINE	S. TANK, BELOW GRO	סאטס	S. CHEM FRYS. TRE	ATMENT	E MIDNIGH	T DUMPING	
t. OTHER (specify):	6. OTHER (specify):		S. BIOLOGICAL TREA	THENT	& INCINER	ATION	
			7. WASTE OIL REFRO	CESSING	T. UNDERG	HOUND INJECTION	
	)		B. SCLVENT RECOVE	PY	L. OTHER (	specify):	
			6. OTHER (specify):				
	1	l					
E. SPECIFY DETAILS OF SITE	CTIVITIES AS NEEDED						
Before closing the s	[2] (1) [1] (1) (2) (2) (2) (2) (2) (3) (2) (2) (3) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ogical el	ludge from an a	0+1112+04			
treatment plant. S		ogical Si	rudge IIom an a	ctivated	stuage		
ereacher prane.	TID NOW CLOSED.						
	V. WAST	TE RELATE	DINFORMATION				
A. WASTE TYPE							
1 UNKNOWN 12 LIQUI	D [13. SOLID	XXX 4. SL	UDGE5 G	AS			
E. WASTE CHARACTERISTICS							
	DSIVE	E CARA	DIDACTIVE	GHLY VOL	ATILE		
TE TOXIC TO REAC	TIVE B INERT		AMMARLE				
110. OTHER (specify):							
C. WASTE CATEGORIES  1. Are records of wastes available	le? Specify items such as i	manifests, inve	entones, etc. below.				
2. Estimate the amount(spec	fy unit of measure) of we	ste by colean	ani nak (Y) sa isdia				
AMOUNT AMOUNT	AMOUNT		d. CHEMICALS	AMOUNT	LIDS	I. OTHER	
C104500000000000000000000000000000000000			on the state of th				
UNIT OF MEASURE UNIT OF	MEASURE UNIT OF M	EASURE L	INIT OF MEASURE	UNIT OF M	EASURE	UNIT OF MEASURE	
		į.					
X (1) FAINT. X (1) 01	Y X GIHAL	GENATED .	X' III A CIDS	X FLYA		'X' 1450547054	
FIGMENTS W	STES SOLV	ENTS	(1)2(15)	TIPLYA	5 h	TARMACEUT.	
	HER (specify): 121NON-	HALOGNED	(2) PICKLING	12. ASEE			
SLUDGES	5020	ENTS	LICUORS	12. ASEE	2102	(Z) HOSPITAL	
IS POTH	121 GTH1	ER(specify):	IS! CAUSTICS	127 WILL			
	1	1		MINE	TAILINGS	(2) RADIOACTIVE	
141 A LUMINUM SLUDGE			(4) PESTICIDES	4 FERR	G. WASTES	14: MUNICIPAL	
IE' OTHER(specify):			IEI DYES/INKS	15 NON	FERROUS G. WASTES	E OTHER (specify)	
		Γ	16) CYANIDE	16) CTHE	R(specify):		
		H	900000 200 100000000				
		1	17: FHENOLS				
			(E) HALOGENS				
		Ī	(S) PCE				
		Ī	110-METALS				
	1	-			-		
	1	; <u> </u>	IIIIOTHER(Specify)		_		
					8		

	<u> </u>	TE RELAT	ED INFORMATIO	ON (continued)	
3. LIST SUBSTANCES OF GREATES	T CONCER.	HICH MAY	BE ON THE SITE (	(place in descending der of hazard).	-
·*					
•					•
				,	
4. ADDITIONAL COMMENTS OR NAS	BRATIVE DE	CRIPTION O	E SITUATION KNO	OWN OR REPORTED TO EXIST AT THE SITE.	
	ARATIVE DE	SCAIP (ION O	r silballon kno	THE SITE.	
	В.	C.	ARD DESCRIPT	10R	
A. TYPE OF HAZARD	POTEN- TIAL HAZARD (mark 'AX')	ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,dey,yr.)	E. REMARKS	
1. NO HAZARD	X		у .		
2. HUMAN HEALTH					
3. NON-HORKER INJURY/EXPOSURE					
4. WORKER INJURY					
S. CONTAMINATION S. OF WATER SUPPLY					
E. CONTAMINATION OF FOCE CHAIN					
OF GROUND WATER					
E. CONTAMINATION OF SURFACE WATER					
P. DAMAGE TO FLORA/FAUNA					
IC. FISH KILL					
II. CONTAMINATION					
12. NOTICEABLE ODORS					
12. CONTAMINATION OF SOIL					
14. PROPERTY DAMAGE					
S. FIRE OR EXPLOSION					
E. SPILLS/LEAKING CONTAINERS/					
7. DEAIN PROBLEMS					
IS, EROSION PROBLEMS					
S. INADEQUATE SECURITY					
D. INCOMPATIBLE WASTES					
1. MIDNIGHT DUMPING	95,07,510				
2. OTHER (specify):					
_					

ontinuea r tom r toni			
		VII. PERMIT INFOR	MATION
. INDICATE ALL APPLIE	CABLE PERMITS HEL TH	E SITE.	
1 NPDES PERMIT	2. SPCC PLAN XX	3 574TF DE DUIT /-	peculy Landfill Permit #082.06
THE SECTION OF SECTION			
4. AIR PERMITS	S. LOCAL PERMIT		TER
7 RCRA STORER	_ B RCRA TREATER _	9 RCRA DISPOSER	
10. OTHER (specify)	·		
. IN COMPLIANCE?			
XX 1. YES	2. NO	3. UNKNOWN	
4. WITH RESPECT T	O (list regulation name & numbe	y: Ky. Solid	Waste Regulations
	VIII.	PAST REGULATOR	YACTIONS
XX A. NONE	B. YES (summarize below	(۱	
	· · · · · · · · · · · · · · · · · · ·		
	IX. INSPE	CTION ACTIVITY	past or on-poin()
TA NONE	XX B. YES (complete items 1,	2,3, & 4 below)	
	2 DATE OF	3 PERFORMED	
1. TYPE OF ACT'V	(mo., day, & yr.)	(EPA/State)	4. DESCRIPTION
monthly inspect	ions	state	
•.	1		
		<u>ا ــــــــــــــــــــــــــــــــــــ</u>	
	X. REM	EDIAL ACTIVITY	(past or on-going)
XI A. NONE	B. YES (complete items 1	2.2.4.4 helow)	
LX: A. HORE	2. DATE OF	3. PERFORMED	
1. TYPE OF ACTIV	VITY PAST ACTION	BY:	4. DESCRIPTION
	(mo., dey, & yr.)	(EPA/State)	
		1	
		<del> </del>	
	1		

information on the first page of this form.

PAGE 4 OF 4

	_	
-		
V		

۰		THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
	REGION	SITE NUMBER (to be se-
	78	a (dried by Ma)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Begional Massardous Waste I as File and submit a copy to: U.S. Environmental Protection

KYD006396246 MEADE

OLIN CORP/DUE RUN PLANT

OFF RTE 933

BRANDENGING

BRUNI, J.E., MGR ENV TECH 6153362.

KYD006396246 MEADE

OLIN CURP/DUE RUN PLANT/OLD BURNING P

OFF RTE 933

KY 40108

BRUNN, J.R., MGR ENV TECH 6153362251

H. TYPE OF OWNERSHIP  1. FEDERAL 2. STATE	3 COUNTY []4 MUNIC	PAL	ATE   IS UNKNO	wa
"103-C BULLFICATION	" DATE: 81060	9		
FHUNE: 502-564-6716				K. DATE IDENTIFIED  (mo., day, & yr.)
			2. TE	LEPHONE NUMBER
11,	PRELIMINARY ASSESSMEN	T (complete this se	ection last)	
A. APPARENT SERIOUSNESS OF PROBLE		1000000		
	3. LOW []4 NONE	5 UNKNO	OWN	
B. RECOMMENDATION				
1. NO ACTION NEEDED (no hazard)			SITE INSPECTION N	
. SITE INSPECTION NEEDED  B. TENTATIVELY SCHEDULED FO	PR:	b. WILL BE F	PERFORMED BY:	
b. WILL BE PERFORMED BY:		4. SITE INSPE	CTION NEEDED (low	priority)
C. PREPARER INFORMATION				
1. NAME		2. TELEPHON	E NUMBER	3. DA FE (mo., day, & yr.)
	III. SITE INF	ORMATION		
	2. INACTIVE (Those siles which no longer receive wastes.)	3. OTHER (spec (Those sites that inc no regular or continu	lude such incidents li	ke "midnight dumping" where waate disposal has occurred.)
B. IS GENERATOR ON SITE1	2. YES (apacily genera	var's law didit SIC i	Code):	
	z. i Es (apacis) genera	ioi - iour-aigii Sic (		
17 25 55 65	D. IF APPARENT SERIOUSNES		SPECIFY COORDINAL 2. LONGITUDE (deg	
E. ARE THERE BUILDINGS ON THE SITE				

Continued From Front									
			. 0	HARACTERIZATIO	N	OF SITE ACTIVITY	Ý		
Indicate the major sit	e act	ivity(ies) and deta	ils	relating to each ac	tiv	ity by marking 'X' i	n th	e appropriate boxe	5.
A. TRANSFOR	TFR	×.	9. 9	STORER	× i	C. TREATES	4	:x:	D. DISPOSER
1. RAIL		1. PILE	W119595		1	I. FILTRATION		I. LANDE	LL
2. SHIP		2. SURFA	CE	IMPOLINDMENT	2	NCINERATION		2. LANDE	NRM
3. BARGE		3. DRUMS				. VOLUME REDUCT	ON	D. OPEN D	UMP
4. TRUCK		4. TANK	A FI	OVE GROUND	1	A RECYCLING/RECO	VE	RY 4 SURFAC	E IMPOUNDMENT
5. PIPELINE		B. TANK.	BE	LOW GROUND	1	. CHEM./PHYS. TRE	AT	MENT 5 MIDNIG	IT DUMPING
6. OTHER (specify):		6. OTHER	(5	pecity):	-	. BIOLOGICAL TREA	TM	ENT 6. INCINE	RATION
					7	WASTE OIL REPRO	CE	SSING 7. UNDER	SROUND INJECTION
		1			6	S. SOLVENT RECOVE	RY	8. OTHER	(*pecify):
						OTHER (specify)			
E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED									
A. WASTE TYPE			_	V. WASTE RELATE	ΕD	INFORMATION			
. ] UNKNOWN [	]2 L	10010 []3	. sc	DLID [1]4 SI	LU	DGE []s. G	ΛS		
B. WASTE CHARACTE									
1 UNKNOWN	]2 C	ORROSIVE 3	10	NITABLE [ ]4 R	A D	DOACTIVE [ ]5 H	IGH	LY VOLATILE	
[]6 TOXIC	7 R	EACTIVE B	IN	ERT [ ]9 F	1 4	MMABLE			
10. OTHER (specif							_		
C. WASTE CATEGORIE  1. Are records of wast		ailable? Specify ite	ms	such as manifests in		ularias ala balam			. 220 100
						inities, etc. below,			
			_						
2. Estimate the amo	unt(s	specify unit of mea	su	re)of waste by cate	Rot	ry; mark 'X' to indic	ate	which wastes are	present.
a. SLUDGE		b. OIL	c. SOLVENTS		_	d. CHEMICALS	l	e. SOLIDS	1. OTHER
AMOUNT	AMO	UNT	AMOUNT		A 1	MOUNT	AN	MOUN 1	AMOUNT
UNIT OF MEASURE	LINIT	OF MEASURE	UNIT OF MEASURE		UNIT OF MEASURE		ļ		
							U,	IT OF MEASURE	UNIT OF MEASURE
X' (1) PAINT. PIGMENTS	, x.	1) OIL Y WASTES	, X.	II HALOGENATED SOLVENTS	. x	111 A CIOS	· ×	1: FLY45+	TA CEUT.
121 METALS SLUDGES	- "  -	2:OTHER(specify):		121 NON-HALOGNED.		121 PICKLING LIQUORS		121 ASBES 105	121HOSPITAL
(3) POTW				13) C THER(specify)	_	3 CAUSTICS		MISENG? MINE TAILINGS	13) RADIDACTIVE
(4) ALUMINUM SLUDGE					ļ	(4) PESTICIDES		MERCHS	(4) MUNICIPAL
(B) OTHER(specify):					_	S DYES/INKS	}	SME TO WASTES	(5) OTHER(specity):
					L	161 CYANIDE		Test to Encopedity:	
	1					(7) PHENOLS			
							{		
					Ĺ	(8) HALOGENS			
						(9) PCB			
						MOME TALS			
						ITTI OTHER(*pecify)			
					He.	50000	1		5

			(continued)

- 3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hozard).
- 4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION							
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS			
1. NO HAZARD		K 12					
2. HUMAN HEALTH							
3. NON-WORKER INJURY/EXPOSURE							
4. WORKER INJURY							
5. CONTAMINATION 5. OF WATER SUPPLY							
6. CONTAMINATION OF FOOD CHAIN							
7. CONTAMINATION OF GROUND WATER							
8. CONTAMINATION OF SURFACE WATER							
P. DAMAGE TO FLORA/FAUNA							
10. FISH KILL							
11. CONTAMINATION OF AIR							
12. NOTICEABLE ODORS							
19. CONTAMINATION OF SOIL							
14. PROPERTY DAMAGE							
18. FIRE OR EXPLOSION							
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS							
17. SEWER, STORM							
18. EROSION PROBLEMS							
19. INADEQUATE SECURITY							
20. INCOMPATIBLE WASTES							
21. MIDNIGHT DUMPING							
22. OTHER (#pocity):							

Continued From Front	$\overline{}$		<b>~</b>	· Me
		VII. PERMIT INFOR	MATION	
A. INDICATE ALL APPL	CABLE PERMITS HELD B	Y THE SITE.		
	2 SPCC PLAN			
Particular designation in the property of the	5. LOCAL PERMIT	Media 10 Ordination - The State of the	TER	
7 RCPA STORER	B RCRA TREATER	9 RERA DISPOSER		
10. OTHER (specify	):			
B. IN COMPLIANCE?			F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
1 YES	2 NO	[ ] 3. NNKNOMN		
4. WITH RESPECT	TO (list regulation name & r	number):		
	1	III. PAST REGULATOR	YACTIONS	
	IX. IN	SPECTION ACTIVITY	oast or on-going)	
A NONE	B YES (complete ite	ms 1,2,3, & 4 below;		
1 TYPE OF ACT	2 DATE O PAST ACTI (moi, day, &	ON BY:	4. DESCRIPTIO	on .
	X.	REMEDIAL ACTIVITY	past or on-going)	
A. NONE	B. YES (complete ite	ms 1, 2, 3, & 4 below)		
1. TYPE OF ACTI	2. DATE O PAST ACTI (mo., day, &	ON BY:	4. DESCRIPTIO	on .

information on the first page of this form.

PAGE 4 OF 4

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	_	
120	_	PA
F	_	

REGION	SITE NUMBER (10 be se-
20	signed by He

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M SL, SW; Washington, DC 20460.

Agency, one listaing system, Hazardous waste Entercement lask Porce (EN-335); 401 M SL, SW; Washington, DC 20460.							
A. SITE NAME	ENTIFICATION						
	100 100 10 100	or other identifier)					
Olin Chemical Corp. (6/3.07	D. STATE	E. ZIP CODE	TE 5011	NTY NAME			
Brandenburg	KY	40108		80404			
G. OWNER/OPERATOR (II known)	1 KI	40108	Mea	ide			
1. NAME			12. TELE	PHONE NUMBER			
Olin Corp.							
H. TYPE OF OWNERSHIP							
☐1. FEDERAL ☐2. STATE ☐3. COUNTY ☐4 MUN	CIPAL XX	FRIVATE6	UNKNOWN				
I. SITE DESCRIPTION							
21 acre landfill located on plant property	used for	the disposal	of sew	age sludge			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)				K. DATE IDENTIFIED			
Eckhardt Report				2-25-80			
L. PRINCIPAL STATE CONTACT							
Mrs. Caroline Patrick Haight				-564-6716			
11. PRELIMINARY ASSESSMI	ENT (complete	this section last)	1				
A. APPARENT SERIOUSNESS OF PROBLEM							
1. HIGH 2. MEDIUM XX 3. LOW 4 NONE		UNKNOWN					
B. RECOMMENDATION		**		···			
XX. NO ACTION NEEDED (no hexard)	2. IMME	DIATE SITE INSPEC	TION NEE	DEC			
3. SITE INSPECTION NEEDED  3. TENTATIVELY SCHEDULED FOR:	b. WIL	L BE FEFFORMED	EY:				
b. WILL BE PERFORMED BY:	2						
200 10 de 47 40 17 4 10 10 10 10 10 10 10 10 10 10 10 10 10	4. SITE	INSPECTION NEED	ED (low pri	iority)			
C. PREPARER INFORMATION  1. NAME	12. TEL	EFHONE NUMBER		3. DATE (mc., day, & )'r.)			
Donald R. Curry	STYLE (100 - 200 -	-384-4734		2-25-80			
	NEORMATION	304-4734		2-23-60			
A. SITE STATUS	NI ONNIA LION						
1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)	3. OTHER (Those sites in no regular or d	hat include such inc	idenis like sile for wa	"midnight dumping" where asse disposal has occumed.)			
B. IS GENERATOR ON SITE?				*			
1. NO ZZ 2. YES (epecify generator's fow-digit SIC Code):							
C. AREA OF SITE (In acres) (pre bleen) D. IF APPARENT SERIOUS		HIGH, SPECIFY CO					
1. LATITUDE (degm/n,e		Z. LONGITE	, D.C. (1048).—				
E. ARE THERE BUILDINGS ON THE SITE! (If IN Problem and	-)						
XX 1. HO 2. YES (epecity):	9596						
The second secon							

				70 00 00 00 00 00 00 00 00 00 00 00 00 0		OF SITE ACTIVITY					
Indicate the major site	activity(ies)	end deta	1	relating to each a	ctiv	vity by marking 'X' in	the 3	ppropr	sate boxes		
A. TRANSPORT	TER X	i	3. ST	TORER	×	C. TREATER	_	· x ·		. D	ISPOSER
II. RA L		I PILE			J	1. FILTRATION	2000.0	хx	I. LANDEL	- L	
2. SHIP		2. SULFA	CE	MPOUNDMENT		Z. INCINERATION		$\perp$	LANDEA	RW	
2. BARGE		3. DRUMS			Į.	3. VOLUME REDUCTIO	) N		. OPEN DE	JMP	
4. TRUCK		L. TANK.	480	VE GROUND		4. RECYCLING/RECO	VERY		. SUFFAC	E 14	POUNDMENT
S. FIFELINE				OW GROUND	-	S. CHEM. FHYS. TRE		-	S. MIDNIGH	7 3	UMPING
E. OTHER (apecity):		6. OTHER	(sp	ecity):	$\rightarrow$	6. BIOLOGICAL TREA		-	e INCINER	_	
	1				-	7. WASTE OIL REPRO		-		_	101733LA1 07U
	1			dt.	_	S. SOLVENT RECEVE	RY	4	E. CTHER!	spe	city)
				1		S. OTHER (specify):			19		
	1			i				1			
E. SPECIFY DETAILS	OF SITE ACTIV	VITIES AS	NF:	EDED:							
1					,,	tod -13-	,~			1-	% 8 <u>4</u> 2
Landfill receiv	ves sewage	= sındç	je :	rrom an acti	va	rea stadde sem	age t	reat	ument pl	lan	IC.
18. (V)											
			,	. WASTE RELAT	·Fr	INFORMATION					
A. WASTE TYPE				RELA		. Summitun					
[]1 UNKKOWN [	2 LIQUID	<u></u> 3	. soı	LID <b>523</b> 4.	SLU	DOES G	k S				
B. WASTE CHARACTER	(5)									-	
1. UNKNOWN	(5)	E []3	. IGN	NTABLE4	RAC	DIOACTIVE 5 H	GHLY	VOLA	TILE		
Company of the control of the contro	7 REACTIVE			The second secon		AMMABLE	- water		and the second second		
93,000		08			, sedi						
10. OTHER (specify	·):		_		_				<u> </u>		222.00
C. WASTE CATEGORIE	5	1	2000		William.	TOTAL CONTROL OF THE PARTY OF T					
1. Are records of waste	es available?	opecify ite	ms s	iuch as manifests, i	nve	entones, etc. below.					
			_		_					2011	
2. Estimate the amou	unt(specify un	nit of mea	sure	e) of waste by cat	ego	ory; mark 'X' to indica	ate wh	ich w	astes are p	res	ent.
. SLUDGE	b. OIL			c. SOLVENTS	I	d. CHEMICALS		e. 50L		Γ	1. OTHER
AMCUNT	AMOUNT	in = econom	AME	CUNT	^	AMOUNT AMOUN		N T		4	OUNT
	118115 -			7 AF	1	WF 25				_	
UNIT OF MEASURE	UNIT OF MEA	SURE	ואט	T OF MEASURE	10	INIT OF MEASURE	UN	CFME	EASUFE	UN	IT OF MEASURE
			<u></u>		1					L	
X'II PAINT.	X INDILY	5	· × ·	SOL VENTS	1.	11 A CIDS	· X :	FLYAS		.×.	LABOLATORY
UMEN 15	<del>                                     </del>		$\vdash$		+		1	ross tilda		L	PHARMACEUT.
SLUDGES	12) OTHER	(specify)	Į	ZINON-HALOGRTS	={	12) PICKLING	12.	45EES	1705	1	GIHOSFITAL
1.75.5			$\vdash$	-ULTENIS	+		4			-	
(21 PCTW			$\sqcup$	(2) OTHER(specify)		12) CAUSTICS		MILLI		1	12) RACIOACTIVE
					-		1	~·NE	TAILINGS	-	
12 LUMINUM						(4) PESTICIDES	14:	FERR	OUS G. NASTES		4: MUNICIPAL
FLUDGE	-				L		Ц.	>ML T1	U. MASTES	_	
TE OTHER (specify):					1	ISIDYES/INKS	1.4.	NON-F	FERROUS G. WASTES	L	E CTHER(specify)
00 ±91 5585					1	-	-			1	. 1995 -
1						(6) CYANIDE	ا <sup>رو</sup> :	GTHE	R(specify):		
					H	-					
*						(7) PHENOLS					
		Ì	1		1	3	1			1	
			l			IE) HALOGENS	į			1	
					F		1				
					1	(\$1 PC B	1				
	i				-	+	1				
						HOIMETALS	1				
					1	A STANDARD CONTROL OF THE STAN	1			1	
	(		1		F	ITTOTHER(*pecity)	1			1	
ter- safe.					1	FRS 85	l			1	

V. TE RELATED INFORMATION (continued)						
3. LIST SUBSTANCES OF GREATEST CONCERNATION MAY BE ON THE SITE (place in descending ofder of hazard).						
Sec. 1						
4. ADDITIONAL COMMENTS OR NA	RRATIVE DE	SCRIPTION O	F SITUATION KNO	WN OR REPORTED TO E	XIST AT THE SITE.	
	В.		ARD DESCRIPT	OH		
A. TYPE OF HAZARD	POTEN- TIAL HAZARD (mark 'X')	ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E	E. REMARKS	
1. NC HAZARD	X					
2. HUMAN HEALTH						
3. NON-WORKER 3. INJURY/EXPOSURE						
4. WORKER INJURY						
5. CONTAMINATION DE NATER SUPPLY						
E. CONTAMINATION OF FOOD CHAIN					3	
7. CONTAMINATION OF GROUND WATER						
6. CONTAMINATION 6. OF SURFACE WATER			3			
P. FLORA/FAUNA						
1C. FISH KILL						
11. CONTAMINATION						
12. NOTICEABLE ODORS					_	
12. CONTAMINATION OF SOIL						
14. PROPERTY DAMAGE						
15. FIRE OR EXPLOSION				A State of the Section of the Sectio		
16. SFILLS/LEAKING CONTAINERS/ FUNCEF/STANDING LIQUIDS						
17. SENER, STORM DRAIN PROBLEMS						
18. EROSION PROBLEMS						
16. INADEQUATE SECURITY						
20. INCOMPATIBLE WASTES						
21, MIDNIGHT DUMPING						
22. OTHER (specify):						
u e			u .			

entinued From Front			
		II. PERMIT INFO	RMATION
INDICATE ALL APPLICABLE PER	RUITS HELD THE	SITE.	<u> </u>
4. AIP PERMITS 5. LO	CAL PERMIT CAL PERMIT	6. RCRA TRANSPO	No. of the Control of
10. OTHER (epocity):			je
IN COMPLIANCE			
2. NO		3. UNKNOWN	
4. WITH RESPECT TO (list regu	letion name & number	Ky. Solic	d Waste Regulations
	VIII. P	AST REGULATOR	RY ACTIONS .
A. NONE B. Y	ES (summerize below)	•	
		•/**	
			er
	IX. INSPEC	TION ACTIVITY	(past or on-going)
A. NONE XXB. YE	S (complete items 1,2	,3, & 4 below)	
1. TYPE OF ACTIVITY	DATE OF PAST ACTION (mo., dey, & yr.)	3 PERFORMED BY: (EPA/State)	4. DESCRIPTION
monthly inspection			
	X. REM	EDIAL ACTIVITY	(past or on-going)
XX A. NONE B. YE	S (complete items 1,	2, 3, & 4 below)	
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
			ë
IOTE: Bood on the informati	ion in Sections T	I through V fill	out the Preliminary Assessment (Section II)

information on the first page of this form.

PAGE 4 OF 4



REGION	SITE NUMBER (10 be as.	_
	eigned by Hoj	

11	-
	4

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I. SITE IDE	NTIFICATIO	<del></del>		<del></del>				
A. SITE NAME		or other identifier)		<del></del>				
Olin Chemical Corp.		Box 547						
C. CITY	D. STATE	E. ZIP CODE	F. COUN	TY NAME				
Brandenburg	KY	40108	Me	ade				
G. OWNER/OPERATOR (II known)								
1. NAME			2. TELE	PHONE NUMBER				
Olin Chemical Corp.								
H. TYPE OF OWNERSHIP								
1. FEDERAL 2. STATE 3. COUNTY 4 MUNI	CIPAL XXS	PRIVATE6	UNKNOWN					
I. SITE DESCRIPTION				17.70				
coal fired boiler house								
J. HOW IDENTIFIED (I.e., citizen's complaints, OSHA citations, etc.)				K. DATE IDENTIFIED				
				(mc., day, & yr.)				
Eckhardt Report				2-25-80				
L. PRINCIPAL STATE CONTACT			12. TELE	PHONE NUMBER				
Mrs. Caroline Patrick Haight			502-5	664-6716				
II. PRELIMINARY ASSESSME	NT (complete	this section last)	1					
A. APPARENT SERIOUSNESS OF PROBLEM	·							
1. HIGH2. MEDIUM3. LOW4 NONE	X <u>X</u> 5	UNKNOWN						
B. RECOMMENDATION	27-22-2							
1. HO ACTION NEEDED (no hexard)	2. IMME	DIATE SITE INSPEC	TION NEE	DED				
XXXI. SITE INSPECTION NEEDED	b. WIL	L BE FERFORMED	BY.	<del></del>				
b. WILL BE PERPORMED BY:								
	4. SITE	INSPECTION NEED	ED (low pr	ority)				
C. PREPARER INFORMATION	250,000 # P01,000,000							
1. NAME	2. TEL	EFHONE NUMBER		3. DATE (mc., day, & yr.)				
Donald R. Curry	502-	-384-4734		2-25-80				
III. SITE IN	FORMATION							
A. SITE STATUS		60 M						
1. ACTIVE (Those industrial or municipal elies which are being used for waste treatment, storage, or disposal on a continuing besis, even if intre-quently.)	(Those sites	R (specify): that include such inc continuing use of the	idents like site for wi	"midnight dumping" where sere disposal has occurred.)				
B. IS GENERATOR ON SITE?								
1. HO XX 2. YES (specify gene	retor'e lour-dig	n SIC Code):						
C. AREA OF SITE (In ocres) (Problem) D. IF APPARENT SERIOUSN	ESS OF SITE !							
1. LATITUDE (degminse		Z. LONGIT						
E. ARE THERE BUILDINGS ON THE SITES (if in problem area	7							

IV. CHARACTERIZATION OF SITE ACTIVITY									
Indicate the major site	sctivity(ies) and deta	relating to each ac	tivity by marking 'X' in	n the appropriate boxes	s				
A. TRANSPORT	TER X	B. STORER	C. TREATER		D. DISPOSER				
II. RAIL	. It FILE		1. FILTRATION	1. LANDE	LL				
12 5H'P	2. SUNFA	CE IMPOUNDMENT	2. INCINERATION	2. LANDE	ran .				
2. BARGE	3. DRUMS		3. VOLUME REDUCTI	ON P. OPEN C	UME				
I. TRUCK	4. TANK.	A BOVE GROUND	4. RECYCLING/RECO	VERY L. SURFAC	E IMPOUNDMENT				
1 PIFELINE	S. TANK.	BELOW GROUND	E. CHEM. FRYS. TRE	ATMENT & MICHIG	HT DUMPING				
it CTHER (specify):	6. OTHE	(specify)	E. BIOLOGICAL TREA	THENT & INCINE	RATION				
	1	L	7. MASTE OIL REPRO	CESSING T. UNDER	GROUNS INJECTION				
			S. SCLVENT RECOVE	RY B. CTHER	(*pecity):				
		L	S. OTHER (specify)						
	1			i	(E) #				
E. SFECIFY DETAILS OF SITE ACTIVITIES AS NEEDED According to Mr. Don Frenvil, Engineer for Olin Chem., there was at one time a stockpile of reject coal type material adjacent to this building which could have contained some metals. This material is now disposed of at one of the permitted landfills owned by Olin Chemical Corp.									
A. WASTE TYPE		V. WASTE RELATE	ED INFORMATION						
		. SOLID4. S	LUDGEis_G	A S					
150 SAME AND AND SAME		IGNITABLE TER	ADIDACTIVE TIS H	IGHLY VOLATILE					
E TOXIC			LAMMABLE						
	, <del></del>	<del></del>							
10. OTHER (specify	·):								
C. WASTE CATEGORIE	\$		<del></del>						
1. Are records of waste	es available? Specify ite	rms such as manufests, in	ventories, etc. below.						
2. Estimate the amou	ant(specify unit of med	sure)of waste by cate	gory: mark 'X' to indic	ste which wester are					
. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. 50L!D5	T				
AMCUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	1. OTHER				
					İ				
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE				
l									
X' HEAINT.	X. (1) OIL Y	X HALOGENATED	'X'	X 11 FLYASH	'X' LABOSATOS				
FIGMENTS	WASTES	SCLVENTS		11	THE PARTY CENT.				
SLUCGES	1210THER (specify)		12) PICKLING	IZ-ASBESTOS	GINCSPITAL				
32,026.63		SCLVENTS	LIGUORS		W. A.C.S.F. ( Z.C.				
(2:PC~W		(2) OTHER(specify):	ISICAUSTICS	SIMILLING!	12: RADIOACTIVE				
SLUDGE			14 FESTICIDES	14, FERROUS	14: MUNICIPAL				
E: CTHER (specify):			(E) DYES/INKS	SMLTG. WASTES	It: 6-HER(specify)				
			(6) CYANIDE	is: CTHER(specify)					
			17: FHENOLS						
			18: HALOGENS						
			(S) P C B						
			(10) METALS						
		¥	IN OTHER ( ipecity)						
1				l	1				

V. 1		TE RELATED INFORMATION (continued)				
3. LIST SUBSTANCES OF GREATES	T CONCERN	HICH MAY E	E ON THE SITE	(place in descending order of hezard).		
*				8		
	RRATIVE DE	SCRIPTION OF	F SITUATION KNO	OWN OR REPORTED TO EXIST AT THE SITE.		
		VI. HAZ	ARD DESCRIPT	TION		
	В.	c.		T		
A. TYPE OF HAZARD	POTEN- TIAL HAZARD (mark 'X')	ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,dey,yr.)	E. REMARKS		
1. NO HATARD						
2. HUMAN HEALTH						
NON-WORKER						
4. WORKER 'NJURY						
t. CONTAMINATION TO WATER SUPPLY						
CONTAMINATION OF FOOD CHAIN						
CONTAMINATION OF GROUND WATER						
E. CONTAMINATION E. OF SURFACE WATER						
P. DAMAGE TO FLORA/FAUNA						
IC. FISH KILL						
II. CONTAMINATION						
12. NCTICEABLE ODORS						
12. CONTAMINATION OF SOIL						
14. PROPERTY DAMAGE						
IS. FIRE OR EXPLOSION						
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS						
17. SEWER, STORM						
IS. EROSION PROBLEMS						
18. INADEQUATE SECURITY						
20. INCOMPATIBLE WASTES						
11. MIDNIGHT DUMPING						

		V	II. PERMIT INFO	RMATION				
A. INDICATE ALL APPLI	CABLE PERMIT		SITE.					
				$\sim$				
1. NPDES PERMIT	2. SPCC F	PLAN	3. STATE PERMIT	specify)				
4. AIR PERMITS	S. LOCAL	PERMIT	6. RCRA TRANSPO	RTER				
7. RCRA STORER	B RCRA	TREATER -	RCRA DISPOSER	w				
10. OTHER (specify)	<u>:</u>							
E. IN COMPLIANCE?	2. NO		3. UNKNOWN					
1. TES	2. NO		3. DAKNOWA					
4. WITH RESPECT TO (list regulation name & number)								
VIII. PAST REGULATORY ACTIONS								
A. NONE B. YES (summerize below)								
			\$0.					
		IX INSPEC	TION ACTIVITY	(pest or on-going)				
		17.1.1.1.1	THE RETURN OF	post of on-gonie.				
_ A NONE	B. YES (c	omplete items 1,2	1,3, & 4 below)					
1. TYPE OF ACT'S		AST ACTION	3 PERFORMED	4. DESCRIPTION				
		mo., day, & yr.)	(EPA/Siate)	T. Description				
		X. REM	EDIAL ACTIVITY	(past or on-going)				
A. NONE	B. YES (	complete items 1,	2, 3, & 4 below)					
		2. DATE OF	3. PERFORMED					
1. TYPE OF ACTIV	VIT V	mo., day, & yr.)	(EPA/State)	4. DESCRIPTION				
			<b>_</b>					
g garages masses			1					
NOTE: Based on the	e information	in Sections II	I through X, fill	out the Preliminary Assessment (Section II)				
information o	on the first pa	age of this for	m.					

PAGE 4 OF 4



REGION	SITE NUMBER	(10 be	
	aigned by Ho		800000

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20 (Sec. 6) 1265 (766) (266)					
	I. SITE IDE	NTIFICATION			
A. SITE NAME			other identifier)		
Olin Chemical Corp.		HWY. 9	E. ZIP CODE	TE COUL	TY NAME
Brandenburg		KY	40108		eade
G. OWNER/OPERATOR (II known) 1. NAME				12. TELE	PHONE NUMBER
Olin Chemical Corp.					
H. TYPE OF OWNERSHIP					
1. FEDERAL 2. STATE 3. COU	NTY 4 MUNIC	CIPAL XX'5	PRIVATEE	UNKNOWN	
East Landfill		d for the	dienosal of	Sewage	sludge
40 acre landfill on plant		d for the	ursposar or	Sewage	· · · · · · · · · · · · · · · · · · ·
J. HOW IDENTIFIED (i.e., citizen's compleints, OSA Eckhardt Report	IA citations, etc.)				(mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT					<u> </u>
1. NAME	E7 - 92775				PHONE NUMBER
Mrs. Caroline Patrick Ha				502-	564-6716
II. PRELIMI	NARY ASSESSME	NT (complete th	nis section last)	2000 - 2000 - 2000 V 2	
1. HIGH . 2. MEDIUM EX3. LOW	4 NONE	5 U	NKNOWN		
B. RECOMMENDATION					
XXX 1. NO ACTION NEEDED (no hexard)			TATE SITE INSPE		
3. SITE INSPECTION NEEDED		b. WILL	BE PERFORMED	ВY	
b. WILL BE PERFORMED BY:					
		4. SITE II	SPECTION NEED	ED (low pr	iority)
C. PREPARER INFORMATION					
1. NAME		2. TELE	PHONE NUMBER		3. DATE (mo., day, & yr.)
Donald R. Curry		502-3	84-4734		2-25-80
	III. SITE IN	FORMATION			
	ACTIVE (Those ch no longer receive	3. OTHER (Those sites the no regular or co	at include such inc	idents like site for w	"midnight dumping" where aste dispossi has occurred.)
B. IS GENERATOR ON SITE?					A
☐ 1. NO xxx²	. YES (epocify gene	retor's four—digit	SIC Code):		
1. LATIT	PARENT SERIOUSN	e.)	HIGH, SPECIFY C	OORDINAT UDE (deg	ES min.—#ec.)
E. ARE THERE BUILDINGS ON THE SITE! (If IM	problem area	)			
Xd. NO 2 YES (*pocity):					

	IV "MARACTERIZATION OF SITE ACTIVITY																	
Inc	icate the major sit	e 20	ctivity(i					ity by marking 'X' is		010	pri	ate boxes		<del></del> -				
· × ·	A. TRANSPOR			x		STORER	×	C. TREATER		$\sim$	न		_	ISPOSER				
	1. RAIL	4150.50		1 PILE			1	I. FILTRATION		- 12	۲,	LANDFIL	L					
	2. SHIP			2. SUNF	CE	IMPOUNDMENT	1	. INCINERATION	_		-	LANDFA	_	<del></del>				
	3. BARGE			3. DRUM	-		-	. VOLUME REDUCT!	ON	-+	-	OPEN DI	_					
$\Box$	4. TRUCK			4. TANK	4.0	OVE GROUND	_	A. RECYCLING/RECO		<u></u>	+		_					
-	5. PIPELINE				_	LOW GROUND	-		_		+			MPOUNDMENT				
-	e. OTHER (specify):	- 536			_		-	S. CHEM./PHYS. TRE			+	MIDNIGH	_					
$\vdash$	e. OTHER (specify).			6. OTHE	4 1 .	pecily):	-	6. BIOLOGICAL TREA	_		-	INCINER	_					
			1			1	-	7. WASTE OIL REPRO	-	SSING	-1	UNDERG	RO	NOITSELNI DNU				
			ļ.			}	-	SOLVENT RECOVE	RY			. OTHER (	spe	city):				
						ė,		P. OTHER (specify):		- 1								
										- 1								
F	SPECIFY DETAILS	O.F.	SITE	TIMITIES A							_							
							825	1.02										
1	Landfill rece	10	es slu	idge from	m a	an activated	sl	udge treatment	- F	lant.								
_																		
_						V. WASTE RELAT	ED	INFORMATION										
^.	WASTE TYPE																	
	]1 UNKNOWN [	_2	LIQUID	3	. sc	בום אול אום אום אום אום אום אום אום אום אום אום	LU	DGE5. G	A S									
В.	WASTE CHARACTER	RIST	rics						_									
=	1. UNKNOWN	] z.	CORRO	SIVE 3	. 10	NITABLE 4	RAD	DIDACTIVE 5 H	IGH	LY VOL	AT.	ILE						
			REACT					MMABLE										
Г	10. OTHER (specif	y):																
c.	WASTE CATEGORIE	s					-				-							
1	. Are records of wast	es 4	vailable	Specify ite	ms	such as manifests, is	rve	ntories, etc. below.										
-,	Estimate the emo		/specifi	· unit of ma			_						_					
		T			134		go	ry; mark 'X' to indic	Ble	which	w.8	stes are p	res	ent.				
-	. SLUDGE		b. I	DIL	<u> </u>	c. SOLVENTS			e. sc	LI	DS	_	1. OTHER					
	CORT	^_	OUNT		^~	100N T	1			TAUDA			4 M	OUNT				
UN	IT OF MEASURE	UN	IT OF MEAS	NIT OF MEA	INIT OF MEA	FASURE	UNIT OF MELEURE		UNIT OF MEASURE			W. T. O. F. M. T. S. W. T. W. T. S. W. T. S. W. T. S. W. T. S. W. T. S. W. T. S. W. T. S. W. T. S. W. T. S. W. T. S. W. T. S. W. T. S. W. T. S. W. T. S. W.	ļ					
	. Tor menouse	1		LAJONE	"	IT OF WEASURE	ľ	NIT OF MEASURE	10	IT OF N	ME	ASURE	אט	IT OF MEASURE				
_		-			_		╀	<del></del>	_									
Χ,	(1: PAINT.	×.	(1) OIL		. x.	11) HALOGENATED	×	111 A CIDS	. ×.	1) FLY.	A 5 1	4	. x.	1) PHARMACEUT.				
Н		_			_	JOEVENIS	┸							PHARMACEUT.				
	12'METALS	_	(210TH	ER(specify):	l	121 HON-HALOGHTE	1	12) PICKLING		12: A58	F 4 '	.0.						
	SLUDGES	1				SOLVENTS	L	LIQUORS		.2. 236		.03		121HOSPITAL				
	12'PCTW					(3) OTHER(specify)	1	(3) CAUSTICS		(3) MIL 1	LIN	6/						
		1					L	13/02/05/105				AILINGS		12! RADIOACTIVE				
	(4) ALUMINUM								Γ		80							
	SLUDGE						1	(4) PESTICIDES		(4) SML	ŤG	US . WASTES		(4) MUNICIPAL				
	(5) OTHER(specify):	1			1													
-		1			1		1	(S) DYES/INKS		15, NON	TG	HASTES	_	(6) OTHER (specify):				
							Г			16: OTH	ER	(specity):						
					l		1	(6) CYANIDE	-	8								
					l		$\vdash$		ł									
		1			l		1	(7) PHENOLS										
							1											
		1					1	(8) HALOGENS				- 1						
							H	-	1									
								(9) PCB	1			1						
		1					-		ł									
		1					1	(10) METALS				ı						
		1					H	+										
		1				¥1	L	JIII) OTHER (epocity)	ł			1						
		1			1		1		1			1						
		_					1		L			- 1						

Continued From Front

22. OTHER (specify):

Continued From Front			
	$  \sqrt{-}$ $\sqrt{-}$	II. PERMIT INFO	RMATION
A. INDICATE ALL APPLICABLE PER	MITS HELD BY THE	SITE.	
4. AIR PERMITS 5. LOC		6. RCRA TRANSPO	
T to OTHER (marifus)			
B. IN COMPLIANCE?			
XXX 1. YES 2. NO		3. UNKNOWN	
4. WITH RESPECT TO (list regul	ation name & number	Ky. Solid	Waste Regulations
	VIII. P	AST REGULATO	RY ACTIONS
A. NONE B. YE	S (summerize below,	)	
	IX. INSPEC	TION ACTIVITY	(past or on-going)
A NONE B. YES	(complete items 1,2		
1. TYPE OF ACTIVITY	2 DATE OF PAST ACTION (mo., day, & yr.)	3 PERFORMED BY: (EPA/State)	4. DESCRIPTION
monthly inspections			
	X. REM	EDIAL ACTIVITY	(past or on-going)
XX A. NONE B. YE	5 (complete items 1,		
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., dey, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

information on the first page of this form.

PAGE 4 OF 4



	The state of the s	
REGION	SITE NUMBER (10 be	
90	signed by Hq)	

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

1 4122	105117171717171			
A. SITE NAME	IDENTIFICATIO			
Olin Chemical Corp.		(or other identifier) Box 547		
C. CITY	D. STATE	E. ZIP CODE	F. COUR	NTY NAME
Brandenburg	KY	40108	Me	ade
G. OWNER/OPERATOR (II known)			25414	
Olin Chemical Corp.			2. TELE	PHONE NUMBER
H. TYPE OF OWNERSHIP			-	
1. FEDERAL 2. STATE 3. COUNTY 4 A	MUNICIPAL XX	PRIVATE6	UNKNOWN	
I. SITE DESCRIPTION				
Incinerator				
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, et	(c+)			K. DATE IDENTIFIED
Eckhardt Report				(mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT				
1. NAME			2. TELE	PHONE NUMBER
Mrs. Caroline Patrick Haight			502-	564-6716
II.: PRELIMINARY ASSES	SMENT (complete	this section last,		
A. APPARENT SERIOUSNESS OF PROBLEM	<b>5</b> 50	4 NACO NATIONAL PROPERTY.		
1. HIGH2. MEDIUM3. LOW4 N	ONE XX	UNKNOWN		
B. RECOMMENDATION				
1. NO ACTION NEEDED (no hazard)	2. IMM	EDIATE SITE INSPEC	TION NEE	DED
x		NIAI VELY SCHED	DEED FOR	
A. SITE INSPECTION NEEDED	b. wi	LL BE PERFORMED	BY	
b. WILL BE PERFORMED BY:	<u> </u>		5D ()-	
4	4. SITE	E INSPECTION NEED	ED (low pr	ionity)
C. PREPARER INFORMATION				
1. NAME	2. TEL	EPHONE NUMBER		3. DATE (mo., day, & yr.)
Donald R. Curry	50	2-384-4734	2-25-80	
III. SIT	E INFORMATION	1		
A. SITE STATUS	ar — ro aro			
1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intre—quently.)	ceive (Those sites	R (specify): that include such inc continuing use of the	identa like site for wi	"midnight dumping" where ease disposal has occurred.)
B. IS GENERATOR ON SITE?				
☐ 1. NO 🔯 2. YES (epocity	generator's four-di	gii SIC Code):		
C. AREA OF SITE (in acres) (pro bless) D. IF APPARENT SERIO		S HIGH, SPECIFY CO		
E. ARE THERE BUILDINGS ON THE SITET (If IN Problem &	rea)			
1. NO 2 YES (epocity):	B 8 <b>2</b> 99			

_	IV CHARACTERIZATION OF SITE ACTIVITY												
Inc	licate the major site		tivity(i	es) and de:		relating to each ac	tiv	ity by marking 'X' in	ti	pro	priate boxes	s.	
. x .	A. TRANSPORT	TEF	3	×	3. 5	TORER	4	C. TREATER				o. D	DISPOSER
	1. RAIL			1. PILE			ŀ	. FILTRATION			I. LANDFI	LL	
	2. SHIP			2. SUNFA	CE	IMPOUNDMENT	2	. INCINERATION			2. LANDEA	RM	
$\vdash$	3. BARGE			3. DRUMS			+	. VOLUME REDUCTIO	_	-T	3. OPEN D	UMI	P
-	4. TRUCK				-	OVE GROUND	1	. RECYCLING/RECO	VE	2 4	4. SURFAC	E 1	MPOUNDMENT
	5. PIPELINE				_	LOW GROUND	+	S. CHEM./PHYS. TRE	_	$\overline{}$	S. MIDNIGH		
Ш	6. OTHER (specify):			6. OTHER	(*	pecity):	-	BIOLOGICAL TREA			6. INCINER	_	
						1	+	. WASTE OIL REPRO	_	SING		-	NOITSELNI GNUC
						-	_	SOLVENT RECOVE	RY	$\rightarrow$	6. OTHER	(*p	ecity):
			60				٦,	O. OTHER (specify)					
E.	SPECIFY DETAILS	OF	SITE AC	TIVITIES AS	NE	EDED							
I	ncinerator use	bs	to in	cinerate	è	lecipe – a che	em:	ical waste fro	m	plant	operati	on	
											95000		
ĺ													
-		-	· ·		-		_					_	
A.	WASTE TYPE					V. WASTE RELAT	E D	INFORMATION	_				
5	N UNKNOWN	]2	LIQUID	3	sc	DLID4. S	LU	DGES G	AS				
Б.	WASTE CHARACTER	2157	rics										
ž	T UNKNOWN	2.	CORRO	SIVE 3	. 10	NITABLE 4 R	AD	IOACTIVE 5 H	GH	LY VOI	ATILE		
Ī	6 TOXIC	7	REACT	VE8	11	ERT 9 F	LA	MMABLE					
	10. OTHER (specify	y): _											
	WASTE CATEGORIE		vailable	Specifulty		auch as accifered to		aladaa eta kel					
l '	. Are records of waste			- specify ite	ms	such as manifests, in	ver	ntories, etc. below.					
L													
1	2. Estimate the amor	unt	(specify	unit of mea	su	re)of waste by cate	go	ry; mark 'X' to indic	ate	which	wastes are	pres	sent.
L	. SLUDGE	_	ъ. (	DIL		c. SOLVENTS	d. CHEMICALS e. SOLIDS		OLIDS	1. OTHER			
<b>^~</b>	OUNT	^^	OUNT		*	OUNT	1	MOUNT	^^	TAUON		^^	TAUON
UN	NIT OF MEASURE	UN	IT OF M	EASURE	UN	IT OF MEASURE	U	NIT OF MEASURE	UN	IIT DE	MEASURE	100	NIT OF MEASURE
			1900-1900-190				ľ					"	o. mensure
· × ·	(1) PAINT, PIGMENTS	×.	(1) OIL		.x.	MALOGENATED SOLVENTS	·×	(1) A CIDS	· x '	(1) FLY	ASH	·×	LABORATORY
H		-			-		+		$\vdash$			+	
L	SLUDGES	-	] (2) O T H	ER(specify):	_	121 NON-HALOGNED SOLVENTS	1	(2) PICKLING LIQUORS		121 A 5 B	ESTOS		(2) HOSPITAL
L	(3) POTW					(3) OTHER(specify):	L	(3' CAUSTICS		(3) MIL MIN	LING/ E TAILINGS		(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE							(4) PESTICIDES		IAI FER	TG. WASTES		(4) MUNICIPAL
-	(5) OTHER(specify):							ISI DYES/INKS		151 NON	FERFOUS TG. WASTES	F	IBIOTHER(specify):
	\$1 <b>4</b> 77							16) CYANIDE	F	(6) OTH	ER(specify):		
			553					(7) PHENOLS					
								(8) HALOGENS					
								(9) PC B					
								(10) METALS					
								(11) OTHER (*pecify)					
	Harry Market Street, Transaction of Assert Assert Assert Assert						1	88 °				1	

	V. WASTE RELATED INFORMATION (continued)
3. LIST SUBSTANCES OF GREATEST C	ONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

A. ADDITIONAL	COMMENTS	OD NADDATIVE	DECCRIPTION C	E CITILITION WILDER	REPORTED TO EXIST AT THE SITE
T. HODINGE	COMMERIS	UN NAKKA IIVE	DESCRIPTION L	JE STILLATION KNOWN OR	REPORTED TO EXIST AT THE CITE

		VI. HAZ	ARD DESCRIPT	HON
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (merk 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
B. CONTAMINATION DO WATER SUPPLY				
CONTAMINATION OF FOOD CHAIN				
CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY			9 1972, party - 2 Sect.	
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

Continuea From Front				
		VII. PERMIT IN	FORMATION	
A. INDICATE ALL APPLI	CABLE PERMITS HELD	BY THE SITE.	•	
1. NPDES PERMIT	2 SPCC PLAN	3. STATE PERM	ilT (specify):	
4. AIR PERMITS	5. LOCAL PERMI	T . 6. RCRA TRANS	PORTER	
7 RCRA STORER	B RCRA TREATE	ER 🔲 9 RCRA DISPOS	SER	
10. OTHER (apecily)	):			
B. IN COMPLIANCE?				
1. YES	2. NO	3. UNKNOWN		
4. WITH RESPECT 7	TO (list regulation name	& number):		
V x		VIII. PAST REGULAT	TORY ACTIONS	
A. NONE	B. YES (summeri			
18				
	12	INTERESTICAL ACTIVAL		
	1X.	INSPECTION ACTIVIT	TY (past or on-going)	
_ A NONE	B. YES (complete	items 1,2,3, & 4 below)		
1. TYPE OF ACTIV	Y TY PAST AC	TION BY:	D	4. DESCRIPTION
		X. REMEDIAL ACTIVI	TY (past or on-going)	
A. NONE	B. YES (complete	items 1, 2, 3, & 4 below)		
1. TYPE OF ACTI	VITY PAST AC (mo., da)	CTION BY:	7. All	4. DESCRIPTION
		8		
•	e information in Second		fill out the Preliminary	y Assessment (Section II)

PAGE 4 OF 4

EPA Form T2070-2 (10-79)

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	_	١

			_	_		
REGION	SITE	NUM d by	BER He)	(10	b.	••-

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

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A. SITE NAME	I. SITE IDENTIFICATION  A. SITE NAME  B. STREET:(or other identifier)								
Olin Chemical Corp. (082.02) Hwy. 933 - P. O. Box 547									
C. CITY	C. CITY D. STATE E. ZIP CODE F. COUNTY NAME								
Brandenburg		KY	40108	Mea	ade				
G. OWNER/OPERATOR (II known)		1	10100	1 1100					
1. NAME				2. TELE	PHONE NUMBER				
Olin Chemical Corp.									
H. TYPE OF OWNERSHIP									
1. FEDERAL 2. STATE	3. COUNTY 4 MUNI	C'PAL XXX	PRIVATE6	JNKNOWS					
I. SITE DESCRIPTION									
landfill used for the di		from pulve	rized coal bo	oilers,	, lime grits,				
spent activated clay and									
J. HOW IDENTIFIED (i.e., citizen's comp	laints, OSHA citations, etc.)				K. DATE IDENTIFIED				
Eckhardt Report					(mo., day, & yr.)				
<u> </u>					2-25-80				
L. PRINCIPAL STATE CONTACT					Dugue 4000555				
	l Hainbe				PHONE NUMBER				
Mrs. Caroline Patric				502-	-564-6716				
II.I	PRELIMINARY ASSESSME	NT (complete th	nis section last)						
	<u> </u>		NKNOWN						
1. HIGH2. MEDIUM &	X 3. LOW 4 NONE		NKHOHN						
B. RECOMMENDATION									
XX1. NO ACTION NEEDED (no hexard)		T 2 IMMED	IATE SITE INSPEC	TION NEE	DEC				
Mari no ne non needed (no nessio)		TENT	AT VELY SCHEDU	LED FOR					
3. SITE INSPECTION NEEDED									
A. TENTATIVELY SCHEDULED FO	OR:	b. WILL	BE PERFORMED I	3 Y :					
b. WILL BE PERFORMED BY:		W <del></del>							
		4. SITE I	SPECTION NEEDS	D (low pr	ionty)				
C. PREPARER INFORMATION		42-75-V N0-64-1760-V-0-5-							
1. NAME			PHONE NUMBER		3. DATE (mo., day, & yr.)				
Donald R. Curry		502-	384-4734		2-25-80				
	III. SITE IN	FORMATION							
A. SITE STATUS									
MILIACTIVE (Those industrial or municipal sites which are being used	altee which no longer receive	(Those sites th	at include such inci	dents like	"midnight dumping" where				
for waste treatment, storage, or disposal on a continuing basis, even if intre-	wastes.)	no regular or co	ntinuing use of the	sile for w	sale disposal has occurred.)				
quently.)		İ							
		L							
B. IS GENERATOR ON SITE1	m								
☐ 1. NO	X 2. YES (epecify gene	raior's lour-digit	SIC Code):						
C. AREA OF SITE (in acres) (Problem)	C. AREA OF SITE (In acres) (Pro bleen ) D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES								
C. AREA OF SIVE (III SEISS/EFIS SICE)	1. LATITUDE (degminee		12. LONGITU						
7 acres									
E. ARE THERE BUILDINGS ON THE SITE	(if in problem area	<u> </u>							
X)d. HO 2 YES (epecity):									
the same of the last control of the last contr	المناسبين بالمناسبين المناسبين								

IV. CHARACTERIZATION OF SITE ACTIVITY													
Int	icate the major site	ac	tivity(ie	s) and det		relating to each a	ctiv	vity by marking 'X' in	tl	prop	riste boxes		
. x .	A. TRANSPORT	FER		×:	<u>.</u> в. s	TORER	×	C. TREATER		<u>x.</u>		. D	ISPOSER
	I. RAIL			1. PILE				I. FILTRATION		Х	1. LANDFILL		
	2. SHIP			2. SUNFA	CE	IMPOUNDMENT		2. INCINERATION	8 11 12S		2. LANDFA	RM	
	. BARGE			3. DRUMS				3. VOLUME REDUCTIO	N		3. OPEN DU	MF	
	4. TRUCK			4. TANK	A B	OVE GROUND		4. RECYCLING/RECO	VERY		4. SURFACE	E IA	MPOUNDMENT
	. PIPELINE			S. TANK.	BE	LOW GROUND	1	S. CHEM./PHYS. TRE	ATMEN	7	S. MIDNIGH	T 0	DUMPING
لـــا	6. OTHER (specify):		1	6. OTHE	( ( #	pecify):	-+	6. BIOLOGICAL TREA		_	6. INCINER	AT	101
			- 1				1	7. WASTE OIL REPRO	CESSIN	6	7. UNDERG	RO	NOITSBUNI DAN
			1				$\neg$	B. SOLVENT RECOVE	RY		B. OTHER (	sp.	eity):
							لــــــــــــــــــــــــــــــــــــ	9. OTHER (*pecify):					
OHO ATT	SPECIFY DETAILS					NATIONAL PROPERTY.							
							oa	l boilers, lim	e gr	its,	spent		
ā	ctivated clay	/ a	ind wa	ste pape	er.								
						V. WASTE RELAT	Fr	INFORMATION					
A.	WASTE TYPE				_	NELAI		- 111 VISHS I IVIS					
	]1	]2	LIQUID	[XX]3	. so	LID XX	LU	IDGE5. G	AS				
Б.	WASTE CHARACTER	RIST	ICS	A SECTION ASSESSMENT		Ser Posterior							
		_	CORROS		. IG	NITABLE 4	PAR	DIOACTIVE 5 HI	GHLY	VOLA	TILE		
	6 TOXIC	]7	REACT	VE	IN	ERT 9	FLA	AMMABLE					
	<u>=</u>												
L	10. OTHER (specify						_						
	WASTE CATEGORIE		veilable	Specify ite	ms	such as manifests, i	nve	entories, etc. below.					
٠				_, _, ,,,	- 44 (T)								
_							_						
_2	. Estimate the amo	unt	(specify	unit of mea	su	re) of waste by cat	ego	ory; mark 'X' to indica	ate whi	ich w	astes are p	res	ent.
<u> </u>	a. SLUDGE	<u> </u>	ь. с	IL .	_	c. SOLVENTS	1	d. CHEMICALS		. 501	IDS	L	f. OTHER
<b>^</b> M	TNUO	^ M	DUNT		<b> ^</b> ^	OUNT	1	MOUNT	AMOU	NT	22000	*	OUNT
UN	IT OF MEASURE	UN	T OF M	ASURE	UN	IT OF MEASURE	+	INIT OF MEASURE	UNIT	05 ***	FASURE		UT OF MELTINE
۱ °		"			"	EASURE	۲	OF MEASURE	UNIT OF MEASURE		LASUNE	٦٨	IT OF MEASURE
× ·		· v.					+	·.[	1			_	
Ĥ	PIGMENTS	. x.	WAST		<u>^</u>	11 HALOGENATED SOLVENTS	F	(1) A CIDS	× (1),	FLYA	5 H	. ×.	HARMACEUT.
H	(DIMETALE		(2) 27	D/marifus			+	In Die	-			$\vdash$	
	SLUDGES	$\vdash$	(ZIOTH)	R(specify):	1	SOLVENTS	1	(2) PICKLING	121	ASBE	stos	١	12) HOSPITAL
H		1					+	1		0550000000	0.0000	$\vdash$	
	13) POTW					(3) OTHER(specify)	L	(3) CAUSTICS		MINE	NG/ TAILINGS		(3) RADIDACTIVE
	(4) ALUMINUM SLUDGE							(4) PESTICIDES	141	FERR	OUS G. WASTES		(4) MUNICIPAL
۲	(5) OTHER(apecify):							(5) DYES/INKS		SMLT	FERROUS G. WASTES	-	(8) OTHER (specify):
								(6) CYANIDE	Д""	OTHE	R (specify):		
								(7) PHENOLS					
								(6) HALOGENS					
								(9) PCB					
								(10) METALS					
								(1110THER (epecify)	1				
1						*	Γ		2				

Continue: From Page 2				
3. LIST SUBSTANCES OF GREATES	V. WA	STE RELAT	ED INFORMATION	ON (continued)  place in descending order of hexard).
•		5	50000 Bosses	
4. ADDITIONAL COMMENTS OR NAI	RRATIVE DES	SCRIPTION OF	F SITUATION KNO	WN OR REPORTED TO EXIST AT THE SITE.
		VI HAZ	ARD DESCRIPTI	10.1
	B. POTEN-	c.		T
A. TYPE OF HAZARD	TIAL HAZARD (mark 'X')	ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS
1. NO HAZARD	X			1 / 20000
2. HUMAN HEALTH				
3. NON-WORKER 3. INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAM:NATION 8. OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION				
12. NOTICEABLE ODORS				
18. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
18. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM 17. DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (opecity):				

Continued From Front				
		VII. PERMIT INFORMA	TION	
. INDICATE ALL APPLI	CABLE PERMITS HELD BY	THE SITE.	700	( )
1. NPDES PERMIT	2. SPCC PLAN	XX 3. STATE PERMIT(spec	(dr) Landfill Permit #082.02	
4. AIR PERMITS		6. RCRA TRANSPORTE		
7. RCRA STORER	B RCRA TREATER	9 RCRA DISPOSER		
10. OTHER (specify)	):			
. IN COMPLIANCE?				
XI. YES	2. NO	3. UNKNOWN		
4. WITH RESPECT	TO (list regulation name & num	Ky. Solid W.	aste Regulations	
	VII	I. PAST REGULATORY	ACTIONS	
A. NONE	B. YES (summerize be	low)		
	IY INC	PECTION ACTIVITY (per	et as an daired)	
	IA. INSI	ECTION ACTIVITY (PAS	st or on-going)	
A NONE	B. YES (complete items	1,2,3, & 4 below)		
1. TYPE OF ACTIV	2 DATE OF PAST ACTION (mo., day, & yr.		4. DESCRIPTION	
monthly inspec	ctions	0.00		
,				
	X. R	EMEDIAL ACTIVITY (PA	st or on-going)	
X A. NONE	B. YES (complete item	: 1, 2, 3, & 4 below)		
1. TYPE OF ACTI	2. DATE OF PAST ACTION (mo., day, & yr	N BY:	4. DESCRIPTION	
				_
NOTE: Based on the	e information in Sections	III through X, fill out	the Preliminary Assessment (Section I.	I)

information on the first page of this form.

PAGE 4 OF 4



2000	REGION	SITE NUMBER (10 be as-
		e <del>'</del>

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

Agenty, the firetam system, members and another first state (201 200), 401 m 20, 50, 50, 50, 50, 50, 50, 50, 50, 50, 5								
1. SITE IDENTIFICATION  A. SITE NAME  B. STREET (or other identifier)								
A. SITE NAME	•		Box 547					
Olin Chemical Corp.		D. STATE	E. 21P CODE	T = 50.00	TY NAME			
Brandenburg	1	KY	40108	Mea	1999 N			
G. OWNER/OPERATOR (II known)								
1. NAME				2. TELE	PHONE NUMBER			
Olin Chemical Corp.								
h. TYPE OF OWNERSHIP  1. FEDERAL 2. STATE 3. COUNTY		PAL XXE	FRIVATE E	UNENOWS				
1. SITE DESCRIPTION		W						
open burning pit		45						
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA cite)	ions, elc.)				K. DATE IDENTIFIED			
Eckhardt Report					(mc., day, & yr.) 2-25-80			
L. PRINCIPAL STATE CONTACT					EUONE NUMBER			
Mrs. Caroline Patrick Haight					564-6716			
II. PRELIMINARY	ACCECCHEN	T (complete t	his section less:	302-	304-0710			
A. APPARENT SERIOUSNESS OF PROBLEM	ASSESSMEN	1 (Comprete )	====		······			
Commission of the Commission o	4 NONE	XX.	JNKNOWN	24000				
E. RECOMMENDATION				- Vi i				
1. NO ACTION NEEDED (no hezerd)		2. IMMES	TAT VELY SCHED	TION NEE	DEC			
XX 3. SITE INSPECTION NEEDED  #. TENTATIVELY SCHEDULED FOR:		b. WIL 1	. EE FEFFORMED	BY				
b. WILL BE PERFORMED BY:								
		4. SITE I	NSFECTION NEED	ED (low pr	forfity)			
	e <u>e</u>							
C. PREPARER INFORMATION								
1. NAME		2. TELE	FHONE NUMBER		3. DATE (mo., dey, & yr.)			
Donald R. Curry		502-	-384-4734		2-25-80			
<del>_</del>	II. SITE INF	ORMATION						
A. SITE STATUS								
1.ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing besis, even if intrequently.)	nder receive	3. OTHER (Those sites ti no regular or c	het include such inc	idents like site for wi	"midnight dumping" where make disposal has occumed.;			
B. IS GENERATOR ON SITE?								
1. NO XX 2. YES (apecilly generator's low-digit SIC Code):								
C. AREA OF SITE (In acros) (PTO bless) D. IF APPARENT			HIGH, SPECIFY CO	OPPINAT	ES min.—sec.)			
E. ARE THERE BUILDINGS ON THE SITES (IT IN Probl.	E. ARE THERE BUILDINGS ON THE SITES (If IN Problem area)							
1. NO 2 YES (epecity):								

48	IV. CHARACTERIZAT	ON OF SITE ACTIVITY	,	
Indicate the major site activity(		ctivity by marking 'X' in		
A. TRANSPORTER	B. STORER	C. TREATER	- Txi	. DISPOSER
I. RAIL	1. PILE	1. FILTRATION	I. LANDE	
2. SHIP	2. SUNFACE IMPOUNDMENT .	2. INCINERATION	2 LANDE	
3. BARGE	3. DRUMS	3. VOLUME REDUCT	<del></del>	
4. TRUCK	4. TANK ABOVE GROUND	A. RECYCLING/RECO		E IMPOUNDMENT
S. PIEELINE	S. TANK, BELOW GROUND	S. CHEM / ENYS. TRE		T DUMPING
(t. OTHER (specify):	6. CTHER (specify).	e. BIOLOGICAL TREA		
		7. WASTE DIL REPRO		HOUND INJECTION
		S. SOLVENT RECOVE		
		P. OTHER (specify)	E. CTHER	(*pecify)
				*
		*		
E. SPECIFY DETAILS OF SITE A	CTIVITIES AS NEEDED			
Site apparently no	longer in use. This wa	s located where	there is presen	tly a flaro
stack.	•		onere is presen	cry a rrare
	V. WASTE RELAT	ED INFORMATION		
A. WASTE TYPE				
□ I UNKNOWN □ 2 LIQUID	3. SOLID4.	SLUDGE 5. G	AS	
B. WASTE CHARACTERISTICS				
XX1. UNKNOWN 2. CORRO	SIVE 3. IGNITABLE 4	RADIDACTIVE 5 H	GHLY VOLATILE	
E TOXIC TO REACT		FLAMMABLE		
**************************************	_			
10. OTHER (specify):				
C. WASTE CATEGORIES				
1. Are records of wastes available	e? Specify items such as manifests, i	nventories, etc. below.		
2. Estimate the amount (specif	y unit of measure) of waste by cat	egory; mark 'X' to indic	ate which wastes are	present
	OIL C. SOLVENTS	d. CHEMICALS	e. SOLIDS	T
AMOUNT AMOUNT	AMOUNT	AMOUNT	AMOUNT	I. OTHER
UNIT OF MEASURE UNIT OF	MEASURE UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
				A 100 - 100 A 10 A 100 A
X GOL	Y X' HALOGENATED	'x'	·x1	X LABOLATORY
FIGMENTS WAS	STES SCLVENTS	11) A CIDS	(1) FLYASH	THE FALCEUT.
	HER (epecify): 121 NON-HALOGNT	12: PICKLING		
STUDGES	SOLVENTS	LICUORS	12: ASBESTOS	CINCEPITAL
(2) PCTW	(3) OTHER (apecily)		:2/MILLING/	
12 2011		ISICAUSTICS	MINE TAILINGS	(2) RADIOACTIVE
(4) ALUMINUM	i .		FERROUS	
SLUDGE	1	(4) PESTICIDES	14 SHLTG. WASTES	MINUNICIPAL
15' CTHER(specify):	1		NONESSES	
	l l	IEIDYES/INKS	SMLTG. WASTES	EIDTHER (specify)
	1		IE: OTHER (specify):	1
		(E) CYANIDE	Γ	
	la constant de la con	(3) 8		
	•	(7) PHENOLS		1
	1	(8) 4		
	1	(8) HALOGENS		
	1		ſ	1
		(F) PCB		
	-		1	1
1	1	(10 METALS		1
	1	(11) OTHER (epecify)		}
l l	<b>4</b>		1	1
10	A Property of the Control of the Con	1 <b>4</b> )	l	1

•									
4 ADDITIONAL COMMENTS OF MARRATIVE DESCRIPTION OF SIXTH									
THE RESERVOINE COMMENTS ON HA	4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.								
	· · · · · · · · · · · · · · · · · · ·								
	В.	VI. HAZ	ARD DESCRIPT	ION					
A. TYPE OF HAZARD	POTENTIAL HAZARD	ALLEGED INCIDENT (mark "X")	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS					
1. NC HAZARD									
2. HUMAN HEALTH	<u>                                     </u>								
3. INJURY/EXPOSURE									
4. WORKER INJURY									
E. CONTAMINATION E. OF WATER SUPPLY									
6. OF FOOD CHAIN									
7. CONTAMINATION 7. OF GROUND WATER									
E. OF SURFACE WATER									
5. DAMAGE TO FLORA/FAUNA									
1C. FISH KILL									
11. CENTAMINATION									
12. NOTICEABLE COORS									
12. CONTAMINATION OF SOIL									
14. PROPERTY DAMAGE									
15. FIRE OR EXPLOSION									
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS									
17. SEWER, STORM DRAIN PROBLEMS									
18. EROSION PROBLEMS									
19. INADEÇUATE SECURITY									
20. INCOMPATIBLE WASTES									
21. MIDNIGHT DUMPING									
22. CTHER (specify):									
			*						

TE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCER WHICH MAY BE ON THE SITE (place in descendil. der of hazard).

	1	II. PERMIT INFORMATIO	N .
A. INDICATE ALL APPLIC	ABLE PERMITS HEL Y TH		·
1. NPDES PERMIT	D 2 SPCC PLAN	3. STATE PERMIT (specify):	
	S. LOCAL PERMIT		,
7 RCRA STORER	B ACRA TREATER	9 RCRA DISPOSER	
10. OTHER (specify):			
. IN COMPLIANCE?			
1. YES	2. NO	3 UNKNOWN	
4. WITH RESPECT TO	(list regulation name & number	r):	
	VIII. F	AST REGULATORY ACT	ONS .
A. NONE	B. YES (summerize below	)	
	IX. INSPEC	TION ACTIVITY (pest or	on-going)
A. NONE	B. YES (complete items 1,		
LTYPE OF ACTIVI	2 DATE OF	3 PERFORMED BY: (EPA/State)	A. DESCRIPTION
	1		
	X. REM	EDIAL ACTIVITY (past or	on-going)
		=======================================	
A. NONE	B. YES (complete items 1,	2, 3, & 4 below)	
1. TYPE OF ACTIVI	2. DATE OF PAST ACTION (mc., day, & yr.)	3. PERFORMED BY: (EPA/Sinte)	4. DESCRIPTION
		<del>  </del>	
	1	t I	

information on the first page of this form.

PAGE 4 OF 4



_		
SEGION	SITE NUMBER (10 be se.	_
1	signed by He	

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GEKERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION							
Olin Chemical Corp.	A. SITE NAME Olin Chemical Corp.  B. STREET:(or other identifier) P. O. Box 547						
C. CITY		D. STATE   E. ZIP CODE   F. COUNTY NAME					
Brandenburg	170	KY	40108		ade		
G. OWNER/OPERATOR (II known)							
1, NAME				2. TELE	PHONE NUMBER		
Olin Chemical Corp.				<u></u>			
H. TYPE OF OWNERSHIP	3. COUNTY4 MUNIC	CIPAL XX'S	PRIVATE6	UNK NOW 1			
I. SITE DESCRIPTION							
This site adjacent to pr	esently permitted s	ite #082.0	2 West Lan	65:11			
J. HOW IDENTIFIED (1.4., citizen's comp	laints, OSHA citations, etc.)				K. DATE IDENTIFIED		
ECKHARDT REPORT					(mc., day, & yr.) 2-29-80		
					2-29-80		
L. PRINCIPAL STATE CONTACT				12. TELE	PHONE NUMBER		
Mrs. Caroline Patric	k Haight			502-5	64-6716		
	PRELIMINARY ASSESSME	NT (complete ti	ris secuon last)				
A. APPARENT SERIOUSNESS OF PROBL				192			
1. HIGH 2. MEDIUM		<b>xx</b> s ∪	NKNOWN				
B. RECOMMENDATION							
1. NO ACTION NEEDED (no hezard)		2. IMMED	TATE SITE INSPECTATIVELY SCHEDU	TION NEE	DED		
X 3. SITE INSPECTION NEEDED	OR:	b. WILL	BE FEFFORMED	ВУ			
		· ·					
b. WILL BE PERFORMED BY:		4. SITE !!	SPECTION NEED!	ED (low pri	ority)		
		3					
C. PREPARER INFORMATION			FHONE NUMBER		3. DATE (mo., day, & yr.)		
1. NAME					200 (ALEXO) (CO)(20)		
Donald R. Curry		200000000000000000000000000000000000000	384-4734		2-29-80		
	III. SITE IN	FORMATION					
A. SITE STATUS  1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)	2. INACTIVE (Those sires which no longer receive wastes.)	3. DTHER (Those sites the no regular or co	at include such inc	idents like site for wa	"midnight dumping" where sele disposal has occurred.)		
B. IS GENERATOR ON SITE?							
1. NO	2. YES (apecify gener	raior's low-digit	SIC Code):				
C. AREA OF SITE (In acres) (Pro blesh)	D. IF APPARENT SERIOUSNI 1. LATITUDE (degminsec	:.)	HIGH, SPECIFY CO				
E. ARE THERE BUILDINGS ON THE SIT	Et (if in problem area	)					
1. NO 2 YES (specity							
XXXXXXX 2002345454 XX							

IV. CHARACTERIZATION OF SITE ACTIVITY								
Indicate the major site activity(ies) and det. relating to each activity by marking 'X' in the appropriate boxes.								
A. TRANSPORTER	B. STORER	C. TREATE	- X ·	. DISPOSER				
II. RA.L	1. PILE	I. FILTRATION	XX 1. LANDE	L CONTRACTOR				
2. SHID	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDEA	RM				
2. BARGE	1. DRUMS	3. VOLUME REDUCT	ON P. OPEN DI	JME				
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECO	VERY 4. SURFAC	E IMPOUNDMENT				
S. PIRELINE	B. TANK, BELOW GROUND	S. CHEM. FHYS. TRE	ATMENT S. MIDNIGH	T DUMPING				
e. OTHER (specify):	E. OTHER (specify):	E. BIOLOGICAL TRE	THENT & INCINER	ATION				
		7. WASTE OIL REPRO	CESSING T. UNDERG	ROUND INJECTION				
	1	8. SOLVENT RECOVE	RY . OTHER	*p+city):				
	1	S. OTHER (specify):						
	1		1					
E. SPECIFY DETAILS OF SITE A								
Planning to drill to	determine what wastes	are in the fill.						
Debris from explosion	in 1963 plus waste from	operation.						
Ĭ								
	V. WASTE RELAT	ED INFORMATION						
A. WASTE TYPE	T, HASTE REER	III Shmallon						
XX 1 UNKNOWN TE LIQUIE	3. SOLID4.	SLUDGE	AS					
B. WASTE CHARACTERISTICS								
XX 1. UNKNOWN 2. CORRC	SIVE 3. IGNITABLE 4	RADIOACTIVE 5 H	IGHLY VOLATILE					
G TOXIC T REACT		FLAMMABLE	50 1 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5					
10. OTHER (specify):								
C. WASTE CATEGORIES								
1. Are records of wastes available	e? Specify items such as manifests, i	nventories, etc. below.						
2. Estimate the amount(specif	y unit of measure) of waste by cat	egon; mark 'X' to indic	ste which wastes are n	resent.				
	b. OIL c. SOLVENTS d. CHEMICALS e. SOLIDS 1. OTHER							
AMOUNT AMOUNT	AMOUNT	AMCUNT	AMOUNT	AMOUNT				
UNIT OF MEASURE UNIT OF	MEASURE UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE				
X' (1) PAINT, X' (1) OIL	Y X IIIHALOGENATED	'X'	X IIFLYASH	'X' LABORATORY				
FIGMENTS WAS	STES SOLVENTS	11720103		(1) PHARMACEUT.				
	HER ( specify):   12) NON-HALOGNT	121 PICKLING	12:44554704					
SLUDGES	SOLVENTS	LICUORS	(2) ASBESTOS	E INCSE-TAL				
(3. BC-M	IBIOTHER(specify)	(3) CAUSTICS	ISIMILLING!					
		Narez Us Ties	MINE TAILINGS	(2) RADIOACTIVE				
SLUDGE		(4) PESTICIDES	FERROUS SMLTG. WASTES	I4: MUNICIPAL				
IE CTHER(specify):		IEI DYES/IN KS	SMLTG. WASTES	(E: OTHER (specify):				
		ISICYANIDE	IE OTHER (specify).					
1		H	4	S 10				
1		17 PHENOLS						
		18) HALOGENS	1					
			-					
		ISI PC B	1					
		110, METALS	1					
	E gg	(11) OTHER (Specify	4					
	w/		1					

	V. <b>y</b>	E RELA	TED INFORMATI	ION (continued)	
3. LIST SUBSTANCES OF GREATES	ST CONCERN	WHICH MAY	BE ON THE SITE	(place in descendingser of hezerd).	
*					•
				N	
•	RRATIVE DE	SCRIPTION O	F SITUATION KNO	OWN OR REPORTED TO EXIST AT THE SITE.	
		VI. HAZ	ARD DESCRIPT	ION	
	B. POTEN-	c.	D. DATE OF		
A. TYPE OF HAZARD	HAZARD	INCIDENT	(mo.,day,yt.)	E. REMARKS	
1. NO HAZARD	(mark 'X')	(mark 'X')			
	<del>                                     </del>	-			
2. HUMAN HEALTH					
3. NON-WORKER 1. INJURY/EXPOSURE					
4. WORKER INJURY					
E. CONTAMINATION					25 500011
CONTAMINATION COFFOOD CHAIN					
CONTAMINATION OF GROUND WATER					
E. CONTAMINATION CF SURFACE WATER			125		
P. DAMAGE TO FLORA/FAUNA					
1C. FISH KILL					
11. CONTAMINATION					
12. NOTICEABLE ODDRS					
12. CONTAMINATION OF SOIL					
14. PROPERTY DAMAGE					
15. FIRE OR EXPLOSION				=	
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS					
SEWER, STORM DRAIN PROBLEMS					
18. EROSION PROBLEMS					
IS. INADEQUATE SECURITY					
20. INCOMPATIBLE WASTES					
21. MIDNIGHT DUMPING					
12. OTHER (epecity):					

VII. PERMIT INFORMATION  THE SITE.  1. NPDES PERMIT   2 SPCC PLAN   3. STATE PERMIT (specify)*  4. AIR PERMITS   5. LOCAL PERMIT   6. RCRA TRANSPORTER  7. RCRA STORER   6. RCRA TRANSPORTER  10. OTHER (specify)*  11. YES   2. NO   3. UNKNOWN  4. WITH RESPECT TO (liss regulation name & number):  VIII. PAST REGULATORY ACTIONS  A. NONE   B. YES (summerize below)  IX. INSPECTION ACTIVITY (past or on-points)  1. TYPE OF ACTIVITY   2. DATE OF PRATICION (EPA/State)  X. REMEDIAL ACTIVITY (past or on-going)  X. REMEDIAL ACTIVITY (past or on-going)  X. REMEDIAL ACTIVITY (past or on-going)  X. REMEDIAL ACTIVITY (past or on-going)  A. NONE   B. YES (complete items 1, 2, 3, & 4 below)  X. REMEDIAL ACTIVITY (past or on-going)  X. REMEDIAL ACTIVITY (past or on-going)  3. PERFORMED (EPA/State)  4. DESCRIPTION  4. DESCRIPTION  4. DESCRIPTION  4. DESCRIPTION	ontinued from Front			2000 March 1900 March				
1. NPDES PERMIT   2 SPCC PLAN   3. STATE PERMIT(specify)     4. AIR PERMITS   5. LOCAL PERMIT   6. RCRA TRANSPORTER     7. RCRA STORER   8. RCRA TREATER   9. RCRA DISPOSER     10. OTHER (specify):     5. IN COMPLIANCE!   2. NO   3. UNKNOWN     4. WITH RESPECT TO (list regulation name & number):     VIII. PAST REGULATORY ACTIONS     A. NONE   B. YES (summarize below)     IX. INSPECTION ACTIVITY (past or on-poing)     A. NONE   D. YES (complete items 1,2,3, & 4 below)     IX. TYPE OF ACTIVITY   PAST ACTION (EPA/State)   4. DESCRIPTION     A. NONE   B. YES (complete items 1,2,3, & 4 below)     X. REMEDIAL ACTIVITY (past or on-going)     A. NONE   B. YES (complete items 1,2,3, & 4 below)     IX. PERFORMED   IX. PERFORMED   4. DESCRIPTION     IX. PERFORMED		ν	II. PERMIT INFO	RMATION				
4. AIR PERMITS   S. LOCAL PERMIT   6. RCRA TRANSPORTER   7. RCRA STORER   6. RCRA TREATER   9. RCRA DISPOSER   10. OTHER (specity):    10. OTHER (specity):	INDICATE ALL APPLICABLE PER			~				
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		(mo., day, & )".)	(EPA/State)					
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information on the first page of this form.

PAGE 4 OF 4



# POTEN AL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

			_	_	_	_
REGION	SITE	V C. D	EER	(10	b.	
	* igne	d by	H C			

10

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections 1 and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

A. SITE NAME	NTIFICATION	other identifier)		
Olin Chemical Corp.	P. O. Bo			
C. CITY	D. STATE	E. ZIP CODE	TE. COU	NTY NAME
Brandenburg	KY	40108	Mea	(E)
G. OWNER/OPERATOR (II known)	***************************************		-	
1. NAME			1. TELE	EPHONE NUMBER
Olin Chemical Corp.				
H. TYPE OF OWNERSHIP  1. FEDERAL 2. STATE 3. COUNTY 4 MUNIC	CIPAL XXX	PRIVATE6	UNKNOWN	,
Landfill located under the west portion of #082.08.	new landfi	ll site curr	ently p	permitted under
J. HOW IDENTIFIED (I.e., citizen's complaints, OSHA citetions, etc.)				K. DATE IDENTIFIED
ECKHARDT REPORT				(mc., dey, & yr.)
				2-29-80
L. PRINCIPAL STATE CONTACT			: 2. TELE	PHONE NUMBER
Mrs. Caroline Patrick Haight			1	
II. PRELIMINARY ASSESSME	NT (complete t)	is section last)	1 502-5	564-6716
A. APPARENT SERIOUSNESS OF PROBLEM	it i jeomprete ii	===		
	XX5 U	NKNOWN		
B. RECOMMENDATION  1. NO ACTION HEEDED (no hezard)	2. IMMED	TATE SITE INSPECT	TION NEE	EDEC
XX 3. SITE INSPECTION MEEDED  B. TENTATIVELY SCHEDULED FOR:	b. MILL	BE FERFORMED	BY:	
b. WILL BE PERPORMED BY:			-	
	4. SITE I	SPECTION NEED	ED (low pr	iority
C. PREPARER INFORMATION				
1. NAME	2. TELES	HONE NUMBER		3. DATE (mo., day, & yr.)
Donald R. Curry	502~3	84-4734		2-29-80
III. SITE IN	FORMATION			
A. SITE STATUS  1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing besis, even if intre-quently.)	3. OTHER (Those sites th no regular or co	at include such inc	idenia like site for w	"midnight dumping" where sele disposal has occurred.;
B. IS GENERATOR ON SITE?		5800 16		
1. NO XX 2. YES (apacily game)	retor's four—digit	SIC Code):		
C. AREA OF SITE (In acres) (Problem) D. IF APPARENT SERIOUSNI 1. LATITUDE (dogminsec	:.)	AIGH, SPECIFY CO		
E. ARE THERE BUILDINGS ON THE SITE! (If IN Problem area	)	er sen wente		
XX 1, NO 2 YES (epocity):				

	IV. CHARACTERIZATION OF SITE ACTIVITY																
Indicate the major site	e activity(ie	s) and deta		elating to each a	ctiv	ity by marking 'X' in	th	propriate boxes									
A. TRANSPOR	TER	×	B. \$	TORER	×	C. TREATER		×	. D	ISPOSER							
	•	1. PILE				1. FILTRATION		XI LANDFIL	L								
2. SHIP		2. SUNFA	CE	IMPOUNDMENT		2. INCINERATION	25761	2 LANEFA	RM								
2. BARGE		3. DRUMS			4	. VOLUME REDUCTIO	N C	D. OPEN DI	JME								
4. TRUCK		4. TANK.	AB	OVE GROUND		4. RECYCLING/RECO	VER	Y H. SURFAC	E 11	POUNDMENT							
. FIFELINE		S. TANK.	38	LOW GROUND	4	S. CHEM. FHYS. TRE	4 T W	ENT 2. MIDNIGH	7 0	CUMPING							
E. OTHER (specify):	- 1	6. CTHE	(2)	pecify):	4	6. BIOLOGICAL TREA	TME	NT E. INCINER	47	101							
					_	7. WASTE OIL REPRO	CES	SING T. UNDERG	-0	אסודספנאו מאט							
	1					S. SOLVENT RECOVE	PY	B. OTHER	sp.	ecity):							
				2	لـــا	S. OTHER (specify)											
5	•							1									
E. SPECIFY DETAILS	OF SITE AC	TIVITIES AS	NE	EDED													
Disposed of b	oiler as	h, lime	gr	its and pape	r												
			150000	aktanina 1982 - 1982 (1984 1984 1 <del>1 -</del> 1981 1 <del>7</del> 1929													
A. WASTE TYPE				V. WASTE RELAT	ED	INFORMATION											
	- (14)111   Dynamical and a second																
[]1 UNKNOWN [	IZ LIOUID	X13	. so	LID4.	SLL	DGES G	AS										
B. WASTE CHARACTE	RISTICS						-										
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E TOXIC	7 REACT	VE18	IN	ERT []9	FL	MMABLE											
10. OTHER (specif					_				_								
C. WASTE CATEGORIE  3. Are records of wast		Specify ite	ms	such es manifests, i	nve	nunies, etc. below.											
Yes									_								
	unt(specify	unit of me	850	rejof waste by cat	ego	ry; mark 'X' to indic.	ate	which wastes are p	res	ient.							
A. SLUDGE	AMOUNT	)IL		c. SOLVENTS	4.	d. CHEMICALS	L.	e. SOLIDS	L	1. OTHER							
l arcon i			~~	OUNT	1	MOUN !	^~	OUNT	^ ^	AOUNT							
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FIGMENTS			. X.	II HALDGENATED	1.	K. WASIDS	·×	III EL VACIO	.×	LABORATORY							
	WAS	ES	. X.	SOL VENTS	-	TI) A CIDS	.x.	III FLYASH	· ×	HABORATORY							
121 METALS	WAS	ES (epecify):		SOLVENTS	+	(1) ACIDS			· x	PHARMACEUT.							
121 METALS SLUDGES	WAS	'E5		SOLVENTS	+	711746105		CASEESTOS	· x	LABORATORY PHARMACEUT.							
	WAS	'E5		SOLVENTS		(1) ACIDS		Q-ASBESTOS	.×	Z) HOSPITAL							
SLUDGES	WAS	'E5		(2) NON-HALOGNT		121 PICKLING		(Z·ASBESTOS	· x	PHARMACEUT.							
SLUDGES	WAS	'E5		(2) NON-HALOGNT		121 PICKLING		12: ASBESTOS 12:MILLING/ MINE TAILINGS	×	Z) HOSPITAL							
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	V. *	TE RELA	TED INFORMATI	ON (continued)		
3. LIST SUBSTANCES OF GREATES	T CONCERN	HICH MAY	BE ON THE SITE (	place in descendin.	Jer of hazard).	7.0
# #						
4. ADDITIONAL COMMENTS OR NAM	RRATIVE DE	SCRIPTION O	F SITUATION KNO	WN OR REPORTED	TO EXIST AT THE SITE.	
	,	VI. HAZ	ARD DESCRIPTI	юн		
A. TYPE OF HAZARD	POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)		E. REMARKS	8
1. NO HAZARD						
2. HUMAN HEALTH						
3. NON-HORKER INJURY/EXPOSURE						
4. WORKER INJURY						
E. CONTAMINATION OF WATER SUPPLY						
E. CONTAMINATION OF FOOD CHAIN						
CONTAMINATION OF GROUND WATER						
E. CONTAMINATION OF SURFACE WATER						
F. DAMAGE TO						
1C. FISH KILL						
11. CONTAMINATION OF AIR						
12. NOTICEABLE ODDRS						
12. CONTAMINATION OF SOIL						
14. PROPERTY DAMAGE						
IS. FIRE OR EXPLOSION						
te. SPILLS/LEAKING CONTAINERS/ RUNCFF/STANDING LIQUIDS						
17. SEWER, STORM DRAIN PROBLEMS						
IE. EROSION PROBLEMS				_		
S. INADEQUATE SECURITY						
C. INCOMPATIBLE WASTES						
1. MIDNIGHT DUMPING						€ Ж
2. OTHER (apocity):						
	8 8 8			***		
		لبحسبا				

Continued From Front				65
	V	II. PERMIT INFOR	MATION	
A. INDICATE ALL APPLICABLE PE	RMITS HELD-CY THE	SITE.		`
			8	
	2000 1000 1000 1000 1000 1000 1000 1000	3. STATE PERMIT(#		
4. AIR PERMITS 5. LO	CAL PERMIT	6. RCRA TRANSPOR		
7 FCRA STORER B RC	RA TREATER	9 RCRA DISPOSER	,	
10. OTHER (specify):			8	
B. IN COMPLIANCE!				
1. YES 2. NO	X	3. UNKNOWN		
4. WITH RESPECT TO (lie) regu	lation name & number	·):		
		AST REGULATOR	YACTIONS	
A. NONE B. Y	ES (summerize below			
		*** ***		
×			M	
	IV INSPE	TION ACTIVITY		
	IX. INSPEC	TION ACTIVITY	dest or on-going)	
A. NONE B. YE	5 (complete items 1,2	2,3, & 4 below)		
1. TYPE OF ACTIVITY	2 DATE OF FAST ACTION (mo., dey, & yr.)	S PERFORMED BY: (EPA/State)	4. DESCRIPTION	
	1	1		
•				
	X. REM	EDIAL ACTIVITY	past or on-going)	
A. NONE B. YE	ES (complete items 1,	2, 3, & 4 below)		
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	2. PERFORMED EY: (EPA/State)	4. DESCRIPTION	
<b> </b>	1			
		22		
NOTE: Board or the informati	ion in Continue 7	Tabasas V 611	make Dietic total And Sept. 1	
information on the firs			out the Preliminary Assessment (Section II)	

EPA Form T2070-2 (10-79)

PAGE 4 OF 4

<b>₽ EDA</b>	PO NTIAI	L HAZARDOUS WA	STE SITE		RE	EGION SITE	NUMBER	
<b>VELY</b>		ATIVE DISPOSIT				W.	2.7	
File this form in the regional Haz System, Hazardous Waste Enforce	ardous Waste L ement Task For	og File and submit ce (EN-335); 401 N	a copy to: U. 1 St., SW; Was	.S. Environ hington, D	mental P C 20460.	rotection A	gency; Site	e Tracking
		I. SITE IDENT						
A. SITE NAME lin Corpora	L		B. STREET					
C. CITY Broke bus	77071	2	D. STATE	2.1.		E. ZIP C	ODE	
1/140 110419		II. TENTATIVE						
Indicate the recommended action(	s) and agency(i				in the app	propriate bo	oxes.	
41.000	COMMENDATION					CONTRACTOR CONTRACTOR	AGENCY	
	- CHIMERDA FIGH	3. 		MARK'X'	EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED NO HAZ	ARD			X	X			
B. INVESTIGATIVE ACTION(S) NEE	DED (If yes, com	plete Section III.)						
C. REMEDIAL ACTION NEEDED (II								
ENFORCEMENT ACTION NEEDE  D. be primarily managed by the EPA ( is anticipated.)	D if yes, specify or the State and w	in Part E whether the what type of enforcement	ne case will ent action					
E. RATIONALE FOR DISPOSITION			-					
F. INDICATE THE ESTIMATED DAT (mo., day, & yr.)	E OF FINAL DIS	SPOSITION	G. IF A CASE ESTIMATE (mo., day, &	D DATE ON		AN IS NECE 'HE PLAN W		
H. PREPARED INFORMATION	Mitch	1 och	2. TELEPHO	NE NUMBER	2.54	3. 0	ATE (mp., da	BC)
1 11 XIIII	III.	INVESTIGATIVE A	CTIVITY NE	EDED			14/	0.0
A. IDENTIFY ADDITIONAL INFORMA			L DISPOSITIO	N.				
B. PROPOSED INVESTIGATIVE ACT	IVITY (Detailed .	Information)		1				
1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo,day, & yr)	3. TO BE PERFORMED BY (EPA, Con- tractor, State, etc.)	4. ESTIMATED MANHOURS			5. REMARK	<s< td=""><td></td></s<>	
a. TYPE OF SITE INSPECTION				+				
n:		1 1			g <u>g-1516</u> 4		,	
12)					7 7 <u>7 2</u>			
(3)		Name of the second	i -accest mercen	STED PARTY				
b. TYPE OF MONITORING					_			
c. TYPE OF SAMPLING								
(1)								
		1	_ <del>_</del>	<b>—</b>	i <del>e e</del>			

9	F	PA
0	_	

# POTENTIAL HAZARDOUS WASTE SITE FINAL STRATEGY DETERMINATION

REGION SITE NUMBER

11/

				ANT ESSAUS #5-U7	And the second		
File this form in the regional Hazardous Waste L System; Hazardous Waste Enforcement Task For	og File and submit rce (EN-335); 401 N	a copy to: U M St., SW; Wa	I.S. Environ shington, De	mental Pr C 20460.	otection Ag	gency; Site	Tracking
	I. SITE IDENT	TEICATION					
A. SITE NAME	1. SHE IDEN	B. STREET					
Clin Corperation C. CITY Bradenburg		D. STATE /	-/		E. 21	PCODE	
moure			ra y				
· · · · · · · · · · · · · · · · · · ·	II. FINAL DETE						
Indicate the recommended action(s) and agency(in	es) that should be	involved by m	arking 'X' i	n the appr	ropriate box	tes.	
					ACTION		
RECOMMENDATION	<u>t</u>		MARK'X'	EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED			X	X			
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCE (If yes, complete Section III.)	ES AVAILABLE						
C. REMEDIAL ACTION (If yes, complete Section IV.)		58(1700-1100)					
D. ENFORCEMENT ACTION (If yea, specify in Part E managed by the EPA or the State and what type of	whether the case wi	ill be primarily anticipated.)					
E. RATIONALE FOR FINAL STRATEGY DETERMINA  Olin did confirmate some well  bis-eller so "confirmation" of  new PUS-well field (tapped di  on wells, Possible samp)	ation  Is but the  make up	water 15 water no	used in	14 problem record -	piccess , Ol used co	that paid	Hoomes I Fee F: 141
F. IF A CASE DEVELOPMENT PLAN HAS BEEN PRI THE DATE PREPARED (mo., day, & yr.)	EPARED, SPECIFY	G. IF AN ENF	FORCEMENT ED (mo., day,		S BEEN FIL	ED, SPECI	FY THE
1. NAME Par / Ama / 2.		4. TELEPHO	51-30	16		ATE(mo., da	Carrent craw research
	TO DE TAVEN WE				ABLE		
III. REMEDIAL ACTIONS  List all remedial actions, such as excavation, re- for a list of Key Words for each of the actions to remedy.	moval, etc. to be ta	aken as soon a	as resource:	s become	available.		
A. REMEDIAL ACTION	B. ESTIMATE	ED COST		C.	REMARKS		
	s						
	s						
	\$	.					
	s						
	s						
	s						
	s						
	s			TO COSSESSION TO A			
D. TOTAL ESTIMATED COST \$							

117			CTIONS
IV	PEMEN	IAI	CTIONS

A. SHORT TERM/EMERGENCY ACTIONS (On Site and Olf-Site): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo,day,&yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				s	
				s	
				s	8
				s	
				s	
				s	

B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	START	3. ACTION END DATE (mo,dey,&yr)	4. ACTION AGENCY (EPA, State Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				s	
				s	
			28	s	
				s	
				s	
				s	

C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
C. PRIVATE PARTIES		s
d. OTHER (specify):		s

EPA Form T2070-5 (10-79) REVERSE

<b>€EP</b>
File this form in System; Hazardo

## POTENTIAL HAZARDOUS WASTE SITE

REGION SITE NUMBER

FINAL STR	RATEGY DETERM	MINATION		1 4			
File this form in the regional Hazardous Waste L System; Hazardous Waste Enforcement Task For	og File and submit rce (EN-335); 401	t a copy to: U M St., SW; Wa	J.S. Environr	mental Pro	otection /	Agency; Site	e Tracking
	I. SITE IDENT						
A. SITE NAME	/	B. STREET	1			***************************************	***************************************
Clin Corperation C. CITY Bridenburg		D. STATE	1		E.	ZIP CODE	at.
Maraburg		Tonh			$\overline{}$		
Indicate the recommended action(s) and agency(ie	II. FINAL DETE	ERMINATION	**** ( <b>X</b> ) j	to anni			
Indicate the recommended actions of the second	es) that should be	involved by	arking A	1 the app.			
RECOMMENDATION	1		MARK'X'	EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED			X	X		\	
B. REMEDIAL ACTION NEEDED, BUT NO RESOURC	ES AVAILABLE						
C. REMEDIAL ACTION (If yes, complete Section IV.)							
D. ENFORCEMENT ACTION (If yea, specify in Part E managed by the EPA or the State and what type of e		s annicipated.)		1		<b>T</b>	
E. RATIONALE FOR FINAL STRATEGY DETERMINA  Clin ded contaminate some utility  bis etter so "contamination" of  new PWS well field (tapped die  on wells, Pussible samp).				14 reablem	need need	Kat 1 a faire cardon	procures 1 Fee F: 141
F. IF A CASE DEVELOPMENT PLAN HAS BEEN PRETTHE DATE PREPARED (mo., day, day,	EPARED, SPECIFY	G. IF AN ENF	FORCEMENT		S BEEN FI	LED, SPECI	FY THE
1. NAME San / Amalz		404/5	61-301	16	1.00000000	2/15/5	/
III. REMEDIAL ACTIONS	TO BE TAKEN W						
List all remedial actions, such as excavation, refor a list of Key Words for each of the actions to remedy.	moval, etc. to be ta	taken as soon a	as resources	s become	available.		
A. REMEDIAL ACTION	B. ESTIMATE	ED COST		c.	. REMARKS	s	
	s						
	s						
7	8						
	5						
	s	1		11			
	s						
	\$						
	s						
D. TOTAL ESTIMATED COST \$			all la				

1	117	DE	MED			T10	
- 0	I V	N F	M - I)	141	A (	111	IN

SHORT TERM/EMERG immediate control, e.g. the actions to be used	, restrict access, pr	ovide alter	Off-Site): List all mate water supply	emergency actions , etc. See instructi	taken or planned to bring the site under ons for a list of Key Words for each of
1. ACTION	2. ACTION 3 START DATE (mo,day,&yr)	DATE	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				s	

\$

\$

\$

\$

B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, &yr)	3. ACTION END DATE (mo,day,&yr)	4. ACTION AGENCY (EPA, State Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				s	
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### C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
B. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		s
d. OTHER (specify):		s

EPA Form T2070-5 (10-79) REVERSE

## Notification \_f Hazardous Waste S'\_;

**Environmental Protection** Agency Washington PC 20460

This initial noti cation information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of 810609

						K	( Y )	00	000	1 034
Ā	Person Required to Notify:		Name C	Olin Corp	oration					
	Enter the name and address of the or organization required to notify.	person	Street 120 Long Ridge Road							
		-	Stamford	Kiuge Ko	<u> </u>		CT		06904	
10000			City 3	stamioru			State	СТ	Zip Code	06904
В	Site Location:			Dog Br	ın Dlant -	Old Br	rnino	Di+		
	Enter the common name (if known	) and	Name of Site		ın Plant -	Olu Bu	ming	, FIC		
	actual location of the site.		Street C	HF R	+ 933					
	KYD00639624	16	City Bran	denburg	County	Meade	State	KY	Zip Code	40108
<del>_</del>	Person to Contact:									
J	Enter the name, title (if applicable),	and	Name (Last, Fi	irst and Title)	Brown,	J.C., M	gr. E	nvironn	nental T	echnology
	business telephone number of the to contact regarding information submitted on this form.		Phone 6	15/336-2	251 Ext.	3308			-	
_	provide contraction of the contr					-				
D	Dates of Waste Handling:									
	Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.		From (Year)	1952	To (Year)	1974				
					÷.					
_				•						
E	Waste Type: Choose the option	A (450)								
	Option I: Select general waste types and so you do not know the general waste types or encouraged to describe the site in Item I—D		sources, you	u are		onservatio	n and F	ecovery A		niliar with the Section 300
	Place an X in the appropriate	Source o Place an boxes.	f Waste: X in the app	ropriate	listed in the appropriate the list of h	signed a for regulation four-digit states and serious	our-digi ns unde number wastes	er Section r in the bo and codes	3001 of R exes provided a can be ob	azardous was ICRA. Enter the ded. A copy of otained by which the site
		1.   Mir	570%	1						
			nstruction		U027					
	3. ☐ Solvents	<ol> <li>□ Tex</li> <li>□ Fer</li> </ol>			U083				<u> </u>	
	<ul><li>4. ☐ Pesticides</li><li>5. ☐ Heavy metals</li></ul>		per/Printing		U025					
	6. Acids		ther Tanning						<u> </u>	
			n/Steel Four	T1					<u> </u>	
			emical, Gene	(M) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A		_	ļ			
			ting/Polishir	510					-	
			itary/Ammu	(455) (455)			-		-	
	23.0 (CT) (CT) (CT) (CT) (CT) (CT) (CT) (CT)		ctrical Condu		-	m	=	TO TO	0	
		2. 🗆 Tra	nsformers				4	P R		
	1	3. 🗆 Uti	lity Compani	es			w.	_ III	0	
	1	4. 🗆 Sa	nitary/Refus	e			C:	REC.	Ú	
	1	5. 🗆 Pho	otofinish			ζ		S 7	S	
	1	6. 🗆 Lat	/Hospital			<u> </u>	2	O m		
	1	7. 🗆 Un	known			•	22 Ph	ZO	တ	
	1	8. 🗆 Oth	ner (Specify)			;	<u> </u>	٧I	2	
	-									

Form Approved OMB No. 2000-0138 EPA Form &900-1

may help describe the site conditions.

### Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

	verriii M. Norwood, Jr.	
lame	Director, Environmental Affairs	
	P.O. Boy 2/10	

Owner, Past ☐ Transporter

State TN Zip Code 37310

Operator, Present ■ Operator, Past

☐ Other

M Owner, Present

Signaturelleries M. Forward Date 5/29/81

**Charleston** 

City

## **EPA** Notification J. Hazardous Waste Si

L	_	-	
10	T		
	,		

United States **Environmental Protection** Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compen- paper. Indicate the letter of the item sation, and Liability Act of 1980 and must which applies. be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of 810609

		1		======================================		KY	5 (	000	00	1033
A	Person Required to Notify:		Name	Olin Cor	poration					
	Enter the name and address of the or organization required to notify.	ne person				<del></del>				
	•	Street	#57200 1000 £	Ridge R	oad					
			City	Stamford	<u> </u>		State	СТ	Zrp Code	06904
В	Site Location:			Dog I	Run Plant	- Indus	trial I	andfill-	K V no 2	02
	Enter the common name (if know actual location of the site.	Name of Sit	0 W00 000 1900	CM NON-CONT		LI Idi L	andilli	K 1 002	.02	
	dotad location of the site.	Street	off R	he 933						
	KYD 00639624	6	city Bra	ndenburg	G County	Meade	State	KY	Zip Code	40108
C	Person to Contact:		588 255	den: Killeninge	2000 2000 2000 2000 2000 2000 2000 200					
	Enter the name, title (if applicable business telephone number of the to contact regarding information submitted on this form.		Phone	615/336-	Brown, 2251 Ext		lgr. E	nvironm	ental T	echnology
D	Dates of Waste Handling:									
	Enter the years that you estimate treatment, storage, or disposal be ended at the site.		From (Year)	1970	To (Year)	Closed	<u>in 19</u>	980		
E	Waste Type: Choose the optio	n vou pre	efer to cor	nolete						
	boxes. The categories listed overlap. Check each applicable category.  1. □ Organics 2. □ Inorganics 3. □ Solvents 4. □ Pesticides 5. □ Heavy metals 6. □ Acids 7. □ Bases 7. □ Iron 8. □ PCBs 9. □ Mixed Municipal Waste		sources, y escription of Waste: X in the apprint of the apprint of the struction of the str	g ing undry neral ning	Resource regulation  Specific 1 EPA has a listed in the appropriate the list of the second control of the list of	Conservations (40 CFR IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ste: four-digitions under number wastes degion se	t number to Section :	o each ha 3001 of R xes provid can be ob	hich the site is
	10.			ductors nies use		DIVIS ON N	5 22 Ph	A/REGION IV	5 5 6	1

Form Approved OMB No. 2000-0138 EPA Form 8900-1

any other information or comments which may help describe the site conditions.

### \* Dinitrotoluene and toluene diamine wastes

Name

### Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

	verrii W. Norwood, Jr.
9	Director, Environmental Affairs

Vormill M. Normand

Signatur derriel M. Norwood &

Street P.O. Box 248

City Charleston

State TN Zip Code 37310

C Owner, Past ☐ Transporter

2 Owner, Present

Operator, Present Q Operator, Past

☐ Other

EPA Form 8900-1

## **SEPA** Notification of Hazardous Waste Sign

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of

						K	45	00	000	0103
4	Person Required to Notify:		N (	Olin Cori	ogration					
	Enter the name and address of the or organization required to notify.	Name Olin Corporation Street 120 Long Ridge Road								
						au				
			City	Stamford			State	СТ	Zip Code	06904
В	Site Location:			Dan B	un Dlant	Old Fac		-de:11		
	Enter the common name (if know actual location of the site.	n) and	Name of Site	Doe K	un Plant -	Old Eas	Lar	arm		
	actual location of the site.		Street C	Iff h	+ 933					
	KYD0063962	46	City Bran	denburg	County	Meade	State	KY	Zip Code	40108
C	Person to Contact:		N N 701		VZS P	ar seen were	200		200 14 15-5	
	Enter the name, title (if applicable business telephone number of the to contact regarding information submitted on this form.		Phone 6		Brown, . 2251 Ext.		r. Er	vironn	mental T	echnology
5	Dates of Waste Handling:						-5			
	Enter the years that you estimate treatment, storage, or disposal be ended at the site.		From (Year)	1951	To (Year)	1969				
=	Waste Type: Choose the optio	n you pre	efer to com	plete						
	Option I: Select general waste tyl you do not know the general wastencouraged to describe the site in General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable	te types or tem I—D Source o	sources, you escription of	u are f Site.	Resource C regulations  Specific Ty EPA has as listed in the appropriate	onservation (40 CFR Par pe of Waste signed a fou regulations four-digit nu	and Re t 261). r-digit under umber	number Section in the bo	to each had 3001 of Roxes provide	iliar with the Section 300 zardous wast CRA. Enter the
	category.	1 $\square$ Mic	iaa.			azardous wa he EPA Regi				tained by hich the site
	<ol> <li>□ Organics</li> <li>□ Inorganics</li> </ol>	1. ☐ Mir 2. ☐ Cor	nstruction		11000					
	3. ☐ Solvents	3. □ Tex	tiles		U083					
	4.  Pesticides	4. 🗆 Fer	tilizer		0027	i  -		$\neg \neg$		
	5.   Heavy metals		er/Printing	10						
	6. Acids		ther Tannin	27						
	7. Bases		/Steel Four	502 16						
	8. □ PCBs		emical, Gene	40						
	9. ☐ Mixed Municipal Waste  10. ☐ Unknown		ting/Polishii itary/Ammu	1377						
	11. ☐ Other (Specify)		ctrical Cond	100						
	11. S Other (Specify)	12. 🗆 Tra		actors	L		<u></u>	m		
			ity Compani	ies		D = 1		13	0	
			nitary/Refus	12			ص	2 20	0	
	<del></del>	15. 🗆 Pho				<b>)</b>		/R EC	Ö	
		16. 🗆 Lab				$\geq 2$	C.	111		
		17. 🗆 Uni					25	≅≅	വ	
		18. 🗆 Oth	ner (Specify)			FORCE	72	20	တ	İ
						2:		VI	C	<b>)</b>
	Form Approved OMB No. 2000-0138									

	Notification of Hazardous Waste 9	Side Two	
F	Waste Quantity:	Facility Type	Total Facility Waste Amount
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. 🗆 Piles	cubic feet Extremely small quantit
	In the "total facility waste amount" space	2.   Land Treatment	gallons
	give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.	3. <b>2</b> Landfill 4. □ Tanks	para managa para sa
		5.  Impoundment	Total Facility Area
	In the "total facility area" space, give the estimated area size which the facilities	6. Underground Injection	square feet
		7. ☐ Drums, Above Ground 8. ☐ Drums, Below Ground	acres 3
	* Only a very small quantity of	9. Other (Specify)	
	hazardous wastes involved.  Known, Suspected or Likely Releases		
G 	Blace an Y in the appropriate hoves to indica	ate any known suspected	R Vacuus C Supported C Libety C No.
	or likely releases of wastes to the environment	<sup>ent.</sup> Contained within plant bound	ON Known □ Suspected □ Likely □ Nor dary by well pumping system.
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessi		
н		al)	Ohio River
	Sketch a map showing streets, highways, routes or other prominent landmarks near		hio
	the site. Place an X on the map to indicate the site location. Draw an arrow showing		Rive
	the direction north. You may substitute a		
	publishing map showing the site location.		_
			let /
		1	old East
		Process Area	Lantill (X)
		Moce s Area	Doe
		Kibung Kr. 933	
	Brown	Kilmer RI	
Brande bury Kr.		Notice Name to sails	
-			LOKE NOT TO SCOLE
ı	Description of Site: (Optional)	This site was used a	is a general waste disposal
	Describe the history and present conditions of the site. Give directions to	area from 1951 until	1969. Of the 150,000 tons
	the site and describe any nearby wells, springs, lakes, or housing. Include such	of wastes only an ex	tremely small
	information as how waste was disposed	portion of the waste	s* are considered hazardous
	and where the waste came from. Provide any other information or comments which	using RCRA Section	3001 Criteria.
	may help describe the site conditions.		
	An unknown but small number of drums of mixed propylene		
-	dichloride and bis chloroisopropyl ether.		
J	Signature and Title: The person or authorized representative (such as plant managers, superintendents,	Verrill M. Norwood, Jr.	
		Name Director, Environmental A	Affairs St Owner, Present
	trustees or attorneys) of persons required	Street P.O. Box 248	☐ Owner, Past
	to notify must sign the form and provide a mailing address (if different than address		□ Transporter
	in item A). For other persons providing notification, the signature is optional.	City Charleston State Th	V zip Code 37310 ☐ Operator, Presen
	Check the boxes which best describe the relationship to the site of the person		
	required to notify. If you are not required to notify check "Other".	Signatur Wenne M. Morwood	Date 1/29/81